DOCUMENT RESUME

ED 085 981 EC 060 972

AUTHOR	Berglund, Jean B.; And Others
TITLE	Family Education Program for Families of Preschool Hearing Impaired Children in Rural Alaska.
INSTITUTION	Alaska Treatment Center for Crippled Children and Adults, Inc., Anchorage.
SPONS AGENCY	Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.
PUB DATE	73
GRANT	OEG-0-9-110305-4701 (6A)
NOTE	163p.
EDRS PRICE	MF-$0.65 HC-$6.58
DESCRIPTORS	*Aurally Handicapped; Early Childhood Education; Eskimos; *Exceptional Child Education; *Home Instruction; Home Visits; Language Instruction; *Parent Education; *Program Descriptions
IDENTIFIERS	Alaska

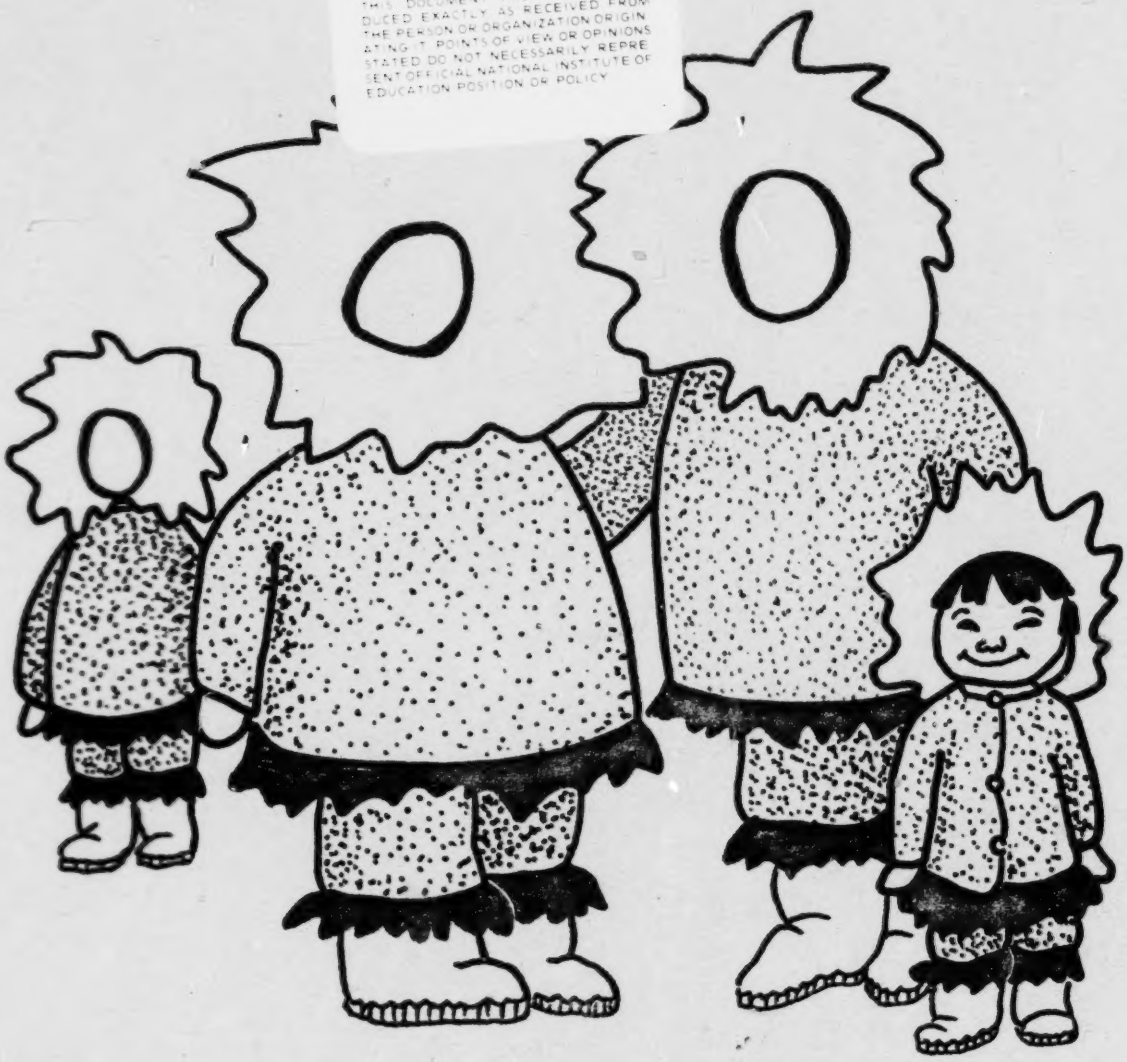
ABSTRACT

Presented are the guidelines of an Alaskan educational program for native and nonnative rural families of preschool hearing impaired children. The program is described as involving initial identification of the handicapped child, residence for 1 week by the family (at no cost) in a demonstration home in Anchorage at which time parents are instructed in ways to stimulate language development as a part of daily life, home visits, and teacher training. Discussed are program objectives (such as increase in language stimulation through home activities), functions and suggestions for staff members, and facility requirements. Provided in the section on identification and planning are a list of agencies to contact, and referral forms. Outlined is the one week program at the demonstration home. Included are ways to bring in language, a list of recommended toys, recommended content for teacher discussions with parents, forms for recording receptive and expressive language evaluation, and a yearly report form. Also outlined are guidelines for the home visits (at 3-month intervals). Guidelines for the family education aide, a listing of appropriate media materials, and sample idea sheets which illustrate teaching techniques for parent use are given, Samples are also provided of a total communication handbook (with illustrations of eskimo life style) and forms for use of video tapes. Program staff are seen to serve a community resource in rural areas. A final section notes teacher training functions of the program and lists reference articles suitable for parents on file with the program. (DB)

FILMED FROM BEST AVAILABLE COPY

U S DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

ED 085981

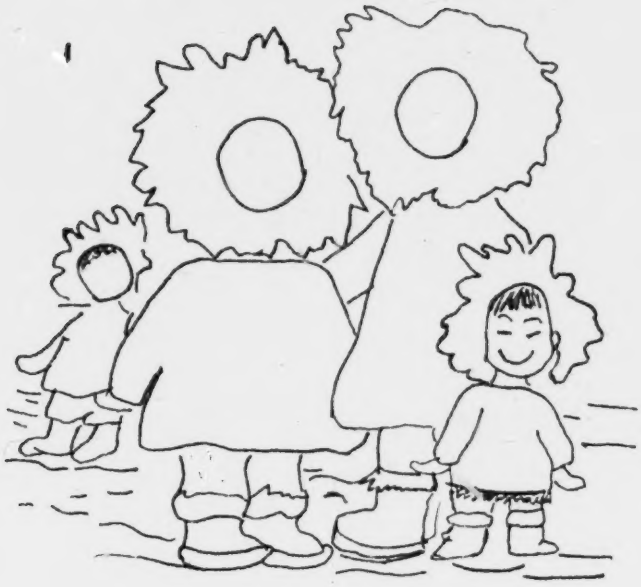


FAMILY EDUCATION PROGRAM

For Preschool Hearing Impaired Children

1973

EC 060 972



Guidelines for a

FAMILY EDUCATION PROGRAM

FOR PRESCHOOL HEARING IMPAIRED CHILDREN

Jean B. Berglund, M.A.
Nancy Laughbaum, B.A.
Michaele Powell, M.A.

Bureau of Education for the Handicapped
Early Education Assistance Act
Grant No. OEG-0-9-110305-4701 (6A)

Helen D. Beirne, Ph.D., Project Director
Marion Bowles, Assistant Project Director

ALASKA TREATMENT CENTER
For Crippled Children & Adults, Inc.
3710 East 20th Avenue
Anchorage, Alaska 99504

ED 085981

FAMILY EDUCATION PROGRAM FOR FAMILIES OF PRESCHOOL HEARING IMPAIRED CHILDREN IN RURAL ALASKA

Developed by

Early Childhood Education Project (P.L. 91-230)
Bureau of Education of the Handicapped U.S.O.E.
Grant No. OEG-0-9-110305-4701 (6A)

Helen D. Beirne, Ph.D.
Project Director

Marion D. Bowles, B.S.
Assistant Director

Alaska Treatment Center for Crippled Children and Adults, Inc.
3710 East 20th Avenue
Anchorage, Alaska 99504

INDEX

I N D E X

	Page Nos.
INTRODUCTION	1
OUTLINE OF FAMILY EDUCATION PROGRAM	2 - 6
OBJECTIVES	7 - 8
STAFF & PHYSICAL FACILITIES	9 - 12
IDENTIFICATION & PLANNING	13
DEMONSTRATION HOME WEEK PROGRAM	14 - 18
DISCUSSIONS WITH PARENTS	19 - 41
Development of Residual Hearing	
Sounds in the Environment	
Auditory Training	
Speech Reading	
Language	
Language Through the Day	
Recommended Toys	
End of Week Summary	
Picture and Information Release	
Personal History Form	
Audiological Evaluation	
Language Evaluation	
Parent-Infant Program	
Typical Behavior Patterns (0 - 6 years)	
Family Evaluation	
Family Education Program Evaluation	
HOME VISITS	42 - 47
Home Visit Evaluation	
FAMILY EDUCATION AIDE PROGRAM	48
Home Activities	
Home Activity Evaluation	
Family Aide Evaluation	
MEDIA PRODUCTION	49

INDEX - Continued

Page Nos.

COMMUNITY RESOURCES - - - - - - - - - - - - - - 50

Reference Material - Information & Referral Booklet

TEACHER TRAINING - - - - - - - - - - - - - - - 51

Reference Material "Methods & Materials for Deaf"
Evaluation of Course "Methods & Materials for Deaf"

EVALUATION - - - - - - - - - - - - - - - - - 52

REFERENCE MATERIAL FOR PARENTS - - - - - - - - 53 - 59

INTRODUCTION

INTRODUCTION

The Family Education Program was designed to meet the needs of families in rural Alaska who have preschool deaf children. It was designed by a team of professionals with varying experiences in deaf education-

Helen D. Beirne, Ph.D., speech & hearing pathology
Jean Berglund, M.A., teacher of the deaf
Marion D. Bowles, B.S., speech & hearing therapist
Nancy Laughbaum, B.S., teacher of the deaf
Michaele Powell, M.A., teacher of the deaf

Before the onset of the program, the needs of the state were studied through meetings with various agencies involved with hearing impaired children in the state. The design of the program was enhanced by discussions with Native Alaskans from various areas of the state.

During the first two operational years of the Family Education Program, these guidelines were compiled. The success of the program depends on flexibility at meeting the individual needs of each family. The forms are meant to be revised each year as use determines changes. Activities, articles and Idea Sheets are continually being added and new materials are replacing outdated ones.

The media referred to in this guide was developed through a Bureau of Education of the Handicapped grant to the Alaska Treatment Center for Crippled Children and Adults, Inc., 3710 East 20th Avenue, Anchorage, Alaska 99504. The following media car be obtained from the aforementioned address:

Give Him the Word — By Marion D. Bowles

Handbook on Total Communication

Total Communication Video Tapes
(27 tapes, with accompanying lessons to be used with the "Hand Book")

Idea Sheets for Language Development

Filmstrips - "Ear Care For Alaskan Children"
"Otitis Media in Alaskan Children"

Curriculum For Preschool Hearing Impaired Native Children by Roseanne Keller

Small Talk
(20, 12 minute video tape programs with accompanying lessons for speech and language development in preschool children)

Helen D. Beirne, Ph.D.
Project Director

OUTLINE OF

FAMILY EDUCATION PROGRAM

FAMILY EDUCATION PROGRAM

OUTLINE

I. Identification and Planning.

A. Notification of all agencies involved in identification, education and/or referral.

1. Dissemination of Family Education Program brochures, and Give Him the Word.
2. Contact agencies personally.

B. Child Referred - verbally, written, telephone.

1. Letter to public health nurses and teachers.
   a) Program explanation.
   b) Is Family Education Program appropriate for child?
   c) Additonal information.

2. Response from public health nurses.
   a) Child does or does not need Family Education Program.
   b) If no response, write again or call.

3. Obtain Medical Referral - Public Health Services
   Alaska Department of Health
   Private Physician

4. Family Contacted - Program explained by - letter
   visit by teacher
   or public health nurse
   phone.

5. Response from family or agency.

6. Public health nurse, teacher contacts or social worker

   Family travel arrangements.

7. Agency assistance - Bureau of Indian Affairs
   Alaska Native Medical Center
   Child Study Center

   Transportation.

8. Week program arrangements made.

   a) Check house.
   b) Contact agencies involved with child.
   c) Make appointments.

II. Demonstration Home.

A. Family arrives in Anchorage.

1. Transfer to Demonstration Home.
2. Living quarters orientation.
3. Grocery shopping.

B. Weekly Activities.

1. Case history.
2. Observe family interaction.
3. Overview of week - Notebook given for Idea Sheets, articles and pictures.
4. Discussions.
   a. Hearing loss and audiology.
   b. Records: i. "How They Hear"
      ii. "Getting Through"
   c. Filmstrip: "How We Hear"
   d. Tape on research: Dr. McCay Vernon
5. Test Parent's Hearing - child observes.
6. Discussion of Language Development - Idea Sheets.
   a. Lipreading.
   b. Speech.
   c. Manual communication.
   d. Deaf education.
7. Sign Language Lessons (if parents interested)
8. Reading materials given to parents.
9. Teacher works with child.
   a. Demonstration teaching.
   b. Speech and language evaluation.
   c. Conditioning games.
10. View video tapes of other family interaction.
11. Discussion of hearing aid care and use.
12. Make video tape of home activity (micro teaching).
13. Visits:
    a. Alaska Treatment Center - preschool deaf class.
    b. Denali and Fairview Elementary Class Hearing Impaired.
    c. Possible integration of child or siblings.
    d. Alaska Treatment Center - parent class.
    e. Audiologist - Alaska Treatment Center
       Alaska Native Medical Center
    f. Hearing aid dealer - earmold fitting.
    g. Another parent of deaf child.
    h. Physicians - i. Pediatrician
       ii. Otolarynologist
       iii. Ophthalmologist
       iv. Dentist
    i. Director of Anchorage Borough Deaf Program.
    j. Deaf adult.
    k. East High Senior High Deaf Program.

MEDICAL TREATMENT & TRANSPORTATION

This program does not provide medical treatment or transportation but both can usually be provided by cooperating agencies.

THE PROGRAM

The parents will have an opportunity to visit pre-school deaf classes as well as elementary and high school deaf classes. If the child is already in a pre-school program such as Headstart, the teacher will be encouraged to accompany the family to Anchorage for training in how to work with the child. Supplementary training can be obtained by Headstart teachers through Alaska Methodist University and University of Alaska.

ALASKA TREATMENT CENTER

Helen D. Beirne, Ph.D.
3710 East 20th Avenue
Anchorage, Alaska 99504
Phone - 279-8080

ALASKA TREATMENT CENTER

ANNOUNCES

A FAMILY EDUCATION PROGRAM

for

PRESCHOOL HEARING IMPAIRED CHILDREN

Under provisions of:

The Handicapped Children's
Early Education Assistance Act
Public Law 90-538

PURPOSES

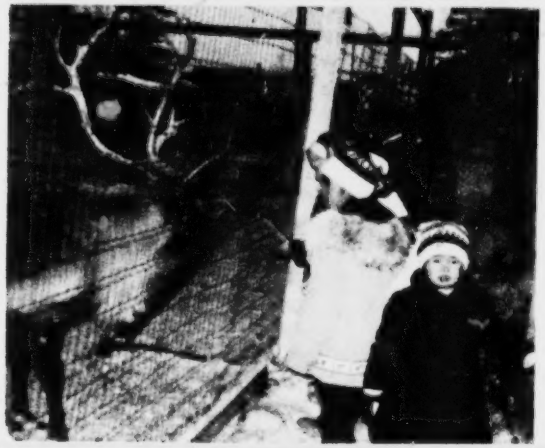
The purpose of the program is to provide information to families of hearing impaired pre-schoolers.

- To help the child at an early age begin developing language concepts.
- To initiate speech development.
- To improve communication skills.
- To use whatever hearing the child has with a hearing aid.
- To eliminate early foster home placement of children.
- Provide constant contact with the parents by idea sheets and video tape so they may conduct meaningful experiences for their child.

ELIGIBILITY: No Child is Too Young.

This federally funded program provides for pre-school Native hearing impaired children, however in cooperation with the Alaska Treatment Center the same program is available to NON Native pre-schoolers.

VIDEO TAPE: Self evaulation for teacher and parents.



HOME VISITS

The teacher of the deaf in charge of this program will attempt to visit the family in their home prior to the family coming to Anchorage. Due to weather and geographical location this is not always possible. Eventually she will visit every home.

LIVING ACCOMMODATIONS

The parents and children will live in the Demonstration Home at no personal cost.

Grocery shopping and food preparation are part of the program which will be carried out by the teacher and mother. Since family eating habits vary, the selection of food will be done individually within the program's allotted budget.

The family should plan to spend five full days in the Demonstration Home with approximately 8-hours per day devoted to the program.

II. Demonstration Home - Continued.

14. Visits by: a. Public health nurse.
b. Social worker.

15. Home Activity - Examples:
a. Putting groceries away.
b. Reading stories.
c. Getting drink of water.
d. Playing games.
e. Making lunch.
f. Making a bed.

16. Field Trip Experiences - Examples:
a. Zoo.
b. Lion's den.
c. Matanuska Maid dairy.
d. Jonas Bros. museum.
e. Downtown shopping.
f. Russian Jack park - sledding.
g. Local parks.
h. Top of Penney's parking ramp.

C. Evaluation.

1. Child's language, physical, social and emotional development.
2. Psychological.
3. Family interaction.
4. Report of Week Program to agencies.
5. Evaluation of Week Program by parents.

III. Home Visit - Approximately 3 months later.

1. Pre correspondence.
a. Public health nurse.
b. Teacher.
c. Parents.

2. Trip.

3. Village contacts (personally).
a. Family.
b. Teachers.
c. Medical Doctors.
d. Social workers.
e. Head Start - teachers and aides.
f. Preschool programs.
g. Council president.
h. Village health aide.
i. School principal.

III. Home Visit - Approximately 3 months later - Continued.

4. Home Education.
    a. Discussion of child's progress.
    b. Parent education review.
    c. Observe child and re-evaluate.
    d. Use and care of hearing aid.
    e. Family activity - video tape.
       Polaroid.
    f. View video tapes.

5. School Education.
    a. Observe child.
    b. Demonstration teaching (class and tutoring).
    c. Video tape interaction.
    d. View video tape.
    e. Inservice with teachers.

6. Community Education.
    a. Grandparents/relatives.
    b. Family education aides.
        i. Train in use of video tape.
        ii. Home activities.
        iii. Forms.
    c. Language development discussion for all parents.
    d. Video tape for all parents.

7. Follow-up.
    1. Home visit evaluations by parents.
    2. Send video tape, idea sheets, prescribed home activities.
    3. Evaluation questionnaire to participating agencies.
    4. Progress reports.
    5. Record keeping.

IV. Media Production. (Samples provided in "Media" section of Guideline.)

A. Video tape lessons in Total Communication.
B. Hand Book on Total Communication.
C. Idea Sheets for Language Development.
D. Home Activity sheets.
E. Education Course Syllabus - Ed. 694. University of Alaska - "Methods and Materials in Education of Hearing Impaired"

V. Community Resource.

A. Family Training Resource - Assist agencies in planning Family Education Program.
B. Foster Placement - Information and contacts.
C. Assist students interested in Special Education.
D. Home visits in Anchorage.
E. Follow-up on suspected hearing impaired children.

VI. Teacher Training

A. University of Alaska course for teachers who have hearing impaired children in their class -
   1. Information on educational implications of hearing impairment.
   2. 10 week practicum with hearing impaired child.
B. On-site inservice meetings.
C. Demonstration teaching.
D. Articles sent on request.
E. Participation in teacher education workshops.

OBJECTIVES

OBJECTIVES

I. To provide information and education concerning:

A. The effect of the type and degree of hearing loss and age of onset on their child's language development.
B. The child's lack of an auditory monitoring system.
C. The importance of early and consistent auditory amplification.
D. The importance of language stimulation through lipreading, auditory training and total communication if used.
E. Realistic goals for the child.
F. What is available educationally to the hearing impaired child in Alaska.
G. The proper functioning and maintenance of a hearing aid.
H. How often and how to contact the audiologist and hearing aid dealer.
I. Making relatives and others in the community aware of the implications of hearing impairment.

II. To effect appropriate attitude changes, including:

A. Accepting the child as a functioning family member with the same privileges and responsibilities as other siblings.
B. Expecting normal behavior.
C. Accepting the hearing aid as a necessary prosthesis for their child's hearing impairment.
D. Increasing effective interaction with child.
E. Setting appropriate limits for the child.

III. To increase proper hearing aid use through:

A. Encouraging child's wearing of aid daily.
B. Making sure aid is functioning properly each day.
C. Learning to "trouble shoot" aid problems.
D. Seeking immediate repair of aid when necessary.

IV. To increase language stimulation through home activities in the following areas:

A. Auditory Training.
1. Increase auditory awareness by pointing out sounds in the child's environment.
2. Increase auditory attention by specific auditory training games.
3. Increase auditory discrimination by specific auditory training games.
4. Teach child conditioning games in preparation for hearing evaluation.

B. Lipreading.
1. Increase visual awareness of verbal communication by encouraging "looks" at the face.
2. Increase visual attention by keeping child's attention on face (lengthening "looks").
3. Increase visual discrimination by specific lipreading games.
4. Increase verbal interaction with child.
5. Learn conditions for good lipreading situation.

IV. To increase language stimulation through home activities in the following areas: - Continued.

C. Language Development.
   1. Learn to select appropriate language and use it repeatedly until child understands.
   2. Become aware of child's known vocabulary and language development.
   3. Introduce new language meaningfully.
   4. Record child's progress.

D. Interaction and Communication.
   1. Increase interaction of family members with child.
   2. Increase effectiveness of communication through gestures or illustrations when necessary.
   3. Encourage "fair play" with siblings and friends.

STAFF AND PHYSICAL FACILITIES

S T A F F

I. FAMILY EDUCATION COORDINATOR (PROGRAM TEACHER) - FULL TIME

A. Teacher's Role:

1. Build rapport.
2. Able to discuss child and family needs.
3. Give information.
4. Receive information (from parents and child).
5. Observe and listen.
6. Inspire mother to work at home with her child later.
7. Follow through with home visits, correspondence and continued information until child is enrolled in an appropriate educational program.
8. Keep records of children.
9. Correspond with other agencies concerning particular children and stimulate their interest.
10. Know statewide community resources for a hearing impaired child.

B. Ideas for Program Teacher:

1. Constantly give examples and demonstrations to and ask questions of parents.

2. When family comes in, check the services available to them in their area.

3. At the end of the day write a brief summary for yourself and the family.

4. Let the mother observe the child at play and think of ways she could use language with him.

5. Work with them in places other than the home. (Ex: park, store, on a walk, in the yard, etc.)

6. Teach child respect of people and materials.

7. Give suggestions of ways other children can help and feel important.

8. Show a movie during the week.

9. Learn about language used for cleaning skins, fish, fishing equipment, drying fish, etc.

10. Mother must teach child how to get along in his village. She has to work harder because he has to be better. Stress his culture. Tell him about Alaska. Suggest using Alaskan magazines. Tell stories, teach rhythm and dancing.

11. Make bread one day if mother makes her own bread at home.

12. Make suggestions for father and other children to use at home.

13. Have a nutritionist come and talk to the family.

14. Have Director of Special Education Program talk to family about schooling.

15. Invite deaf adults to come talk with the families.

16. On the first day, keep the child with the mother as much of the time as possible.

17. Show mother different ways of using one toy.

18. Father socializes with games and activities. Mother provides understanding.

19. Places to write - Rainbow Series (refer to back of curriculum Guide #11 and Supply's Book #9)

20. Recognize good qualities the child already possesses.

21. Have parents suggest language for a picture.

    a. Check length of sentences.
    b. Language appropriate?
    c. Are they thinking quickly?

II. MEDIA COORINDATOR - FULL OR PART TIME

A. Media Coordinator Role:

1. To develop media necessary for serving program families.
    - instructional video tapes.
    - Idea Sheets.
    - prescribed activities for families.

B. Assist Family Education Coordinator (Program Teacher) in carrying out the program.

III DEMONSTRATION HOME AIDE - PART TIME

A. Aide's Role:

1. To know how to feed in language to a deaf child.
2. To learn about a hearing aid.
3. To be a teacher rather than just a babysitter.
4. To meet the plane when a family comes in or take the family to the airport.
5. To escort families to the Native Medical Center, grocery store, drug store, laundromat, etc.
6. To work with the child while the teacher is working with the parents and when the parents go to special meetings or visit schools.
7. Not to give any advice to the families.
8. To check Demonstration Home before and after the visit and organize supplies.

IV SECRETARY - FULL TIME

A. Secretary Role: To serve the Family Education staff.

V CONSULTANTS - PART TIME

VI VIDEO TAPE SPECIALIST - FULL OR PART TIME

A. Video Tape Specialist Role:

Cameraman.

FACILITIES

I DEMONSTRATION HOME

A. Purpose: To provide a home type of atmosphere in which to work with families of deaf children.

B. Design:

1. Size - consider the largest family you expect to serve.

2. Furnishings - The basic necessities for living for one week.
   Look at a furnished motel to get ideas and perhaps add.

3. Atmosphere - Consider a cross-cultural atmosphere making a comfortable setting for all families.

4. Facility - Individual home, apartment or furnished motel.

5. Educational Materials - Toys for children
   - Articles, Idea Sheets and Reference Books on the implications of hearing impairment.

6. Food - Purchased individually with each family after their arrival due to variance in tastes.

C. Educational Activities:

1. Use home for most discussions with parents to provide a relaxed atmosphere.

2. All home activities demonstrations by teacher or parents.

3. Child evaluation, case history, listening to records and audio tapes.

II OFFICE

A. Large Office for Family Education Coordinator with ample activity storage space for equipment and supplies.

B. Office for Media Production activities with ample storage space for media equipment and supplies.

C. Rented studio for Video Tape Production.

D. Secretary Office with space for supplies.

IDENTIFICATION AND PLANNING

AGENCIES & PEOPLE TO CONTACT IN THE STATE OF ALASKA

1. Public health nurses, school and private nurses.
2. Social workers.
3. Physicians - private, public and military.
4. Psychologists.
5. School principals.
6. Heads of special education programs.
7. Teachers of the deaf.
8. Alaska State Housing Authority.
9. Hearing aid dealers.
10. State Department of Education.
11. Communicative Disorders Section of State Department.
12. Speech therapists.
13. Audiologists
14. Head Start programs.
15. Alaska Crippled Children's Association.
16. Preschool programs.
17. Day nurseries.
18. Air Force and Army bases in Alaska, Navy and Coast Guard also, doctors, teachers and nurseries.
19. Alaska Psychiatric Institute.
20. Universities.
21. March of Dimes.
22. Adoptive agencies.
23. Hospitals.
24. Churches.
25. Newspapers, Radio stations and T.V. stations.

REFERRAL CARD

ALASKA TREATMENT CENTER

for Crippled Children & Adults, Inc.

3710 E. 20th Ave., Anchorage, Alaska 99504

IE 272-0586

NAME _____ AGE _____ DATE _____

PARENTS NAME _____ ADDRESS: _____

_____

DIAGNOSIS _____

PHYSICAL REHABILITATION

Physical Therapy

_____ Evaluation (Muscle, Range of IMotion, Developmental, Functional)

_____ Treatment @ Center

- _____ Heat — Specify _____
- _____ Traction: Constant/Intermittent
- _____ Massage
- _____ Therapeutic Exercises
- _____ Electrical Stimulation
- _____ Whirlpool
- _____ Other — Specify _____

_____ Home Program Instruction

_____ Itinerant Services

_____ Contraindications _____

Occupational Therapy

_____ Activities of Daily Living

_____ Perceptual Motor Evaluation and Training

_____ Manual Dexterity

_____ Home Evaluation and Instruction

_____ Itinerant Services

COMMUNICATIVE DISORDERS

Speech

_____ Speech & Language Evaluation

_____ Speech & Language Therapy

_____ Aphasia Evaluation & Therapy

_____ Voice Evaluation & Therapy

_____ Itinerant Services

_____ Tongue Thrust Series

Audiology

_____ Hearing Evaluation

_____ Special Diagnostic Battery

_____ Hearing Aid Evaluation

_____ Special Services

Hearing Aid Orientation

Speech Reading

Auditory Training

Interpreting for the Deaf

Other _____

SPECIAL EDUCATION

_____ Learning Disabilities Evaluation

_____ Remedial Tutoring

_____ Pre-School Classes

MENTAL HEALTH SERVICES

_____ Diagnostic Evaluation

_____ Psychological Testing

_____ Psychiatric Social Work

_____ Counseling Therapy

CLINICS

_____ Multi-Handicapped

_____ Orthopedic

VISION

_____ Screening

Comments: _____

_____

_____

_____

_____

M.D. _____

(Sign here)

MEDICAL INVOLVEMENT SLIP

AGENCIES

U. S. Public Health Service

- Physician _____
- Nurses _____
- Social Workers _____
- Audiologist _____
- Other _____

Alaska Department of Health

- Physician _____
- Nurses _____
- Audiologist _____
- Other _____

Bureau of Indian Affairs

- Social Worker _____
- Other _____

Private Referral

- Physician _____
- Nurses _____
- Social Worker _____
- Audiologist _____
- Other _____

Educational

- Special Educ. Consultant _____
- Social Worker _____
- Therapist _____
- Teacher _____
- Nurses/Others _____

REFERRAL FOR FAMILY EDUCATION PROGRAM
FOR
PRESCHOOL HEARING IMPAIRED CHILDREN

Name of Child_____ Birthdate_____

Address_____

Father's Name_____ Telephone _____

1. What behavior by the child seemed to suggest a hearing loss as observed by:

   Parents_____

   Physician_____

   Nurse_____

   Other _____

2. When was hearing loss first suspected?_____ Apparent cause:_____

3. Has the child had a hearing evaluation? ___/___ If so, when_____
   (yes-no)

   Who did the evaluation_____

4. Describe child's language abilities. How does he communicate?

   _____

5. Does the child appear to have other problems? Please describe _____

   _____

6. What professionals or agencies are involved with this child and his family?

   _____

7. Comments:_____

   _____

   _____

Name_____

Date_____ Position_____

Agency_____

DEMONSTRATION HOME

WEEK PROGRAM

WEEK PROGRAM

I. FIRST DAY

A. Meet family at plane.

Things to discuss with family enroute to Demonstration Home:

1. Trip to Anchorage
2. Family still at home.
3. Impressions of Anchorage.
4. Did you forget something you really need?
5. Describe home community.

   How many people live there?
   What do most of the people do for a living?
   Are there many houses around your house?
   How many live in your home?
   Do you have electricity and running water?
   What type of food do you like to eat?
   Do you have any dogs?
   Do your relatives live near?
   Do you have a snow machine?

6. What does your husband do for a living? (fish, hunt, trap, carve, etc.)
7. What is his day like? (Does he spend much time with the children?)
8. What is your day like?
9. What are your children's days like?
10. Church - how do you explain this to your child?
    (Say grace with your eyes open, looking at your child.
    Explain that you love God.
    We thank God for our food.
    How would you explain this to your other children?)
11. How often is the child with you? (Interaction or parallel activities.)
12. What does he like to play with?
13. What time of the day is the child most receptive?
14. What do you expect and want from this program?

B. Demonstration Home Orientation

1. Discuss physical layout and furnishings - utensils, linens
   - swimming pool
   - laundry room
   - office
2. Explain utilities and appliances - stove, burners and oven
   - sink, hot and cold water
   - refrigerator, freezer
   - vacuum cleaner
   - iron and board
   - telephone, leave phone numbers
3. Discuss emergency escape in case of fire - use of fire extinguisher
4. Discuss neighborhood - store, park
5. Discuss week plan

C. Make Shopping List

1. Shop for groceries
2. Take children along and take advantage of experiences for language exposure.

D. Leave Reading Materials - articles, Idea Sheets, etc.

E. Any questions?

II. SECOND DAY

A. Case History

1. Fill out form
2. Fill out Release Form (for information and pictures)
3. Observe family interaction

B. Test Parents' Hearing - child observes

1. Have parent follow the same procedure of responding as the child will be required to do for his hearing evaluation. (i.e.: dropping blocks into a container.)
2. Discuss parents audiograms with them.

SOUNDS IN THE ENVIRONMENT (continued)

IV. Outside Sounds:

1. Airplanes
2. Motors
3. Generators
4. Thunder
5. Horns-car, bike
6. Bells
7. Sirens
8. Motor scooters
9. Guns
10. Road equipment
11. Trucks -- cars -- snowmachines
12. Trains
13. Boats
14. Dogs barking
15. Hammering, handsaw, electric drill
16. Garbage trucks
17. Street cleaner
18. Ice cream truck
19. Sounds of work shop
20. Garage door
21. Roller skates
22. Lawn mower
23. Garden hose, when water is running

DISCUSSIONS WITH PARENTS

I. Speechreading (Lipreading)

Before you give a definition, ask the mother what she thinks speechreading or lipreading means. (How does she think her child is able to understand?)

Speechreading (lipreading) is the ability to understand spoken language by watching a speaker, without fully hearing or without hearing at all.

A. Speech has several forms. You can understand it by:

1. Listening.
2. Watching speech.
3. Feeling movement.
4. Situational clues, for example:
   a) Facial expression (eyes, eyebrows, mouth).
   b) Gestures (eyes, head, hands, body).
   c) Objects.
   d) Person talking (Example: Doctor in his office).
   e) Place conversation is held (Example: The bathroom).
   f) Time of day, daily schedule.
   g) Action that occurred before (Example: reprimanding for wrong deed).
   h) Action taking place at that time.
   i) Need of the present situation.

II. Reminders Related to Language Output.

The following suggestions have been compiled in order to help your child have the best conditions for Speechreading.

A. A child cannot look at you and the object at the same time. Bring the object near the side of your face, or hide it and bring it out after you have spoken.

B. Be on your child's level whenever possible. You should avoid the distortions which result when the child sees your face from an odd angle. (Example: standing (twice as tall as child) see upper lip; bending over - see lower lip). The view a child has of an adult easily explains why he often draws an adult with long legs, a small body and a tiny head. Demonstrate proper and improper level.

C. Secure the child's attention before talking to him.

D. Ways to get a child's attention:
   1. Call his name.
   2. Come around in front of him and get down to his level.
   3. Hide object, close box, etc. Bring unexpected object into view.
   4. Bring object near your face.
   5. Stop your motion.
   6. Put your hand on the child's hand -
      a) to stop his motion.
      b) to make him aware you want his attention.
   7. When giving him an object, hold on to it until he looks up.
   8. If reading a book, close the book or have it facing you, or turn it over on your lap while talking.
   9. Keep in control of objects.
   10. Be expressive.

II. Reminders Related to Language Output. - Continued.

E. Do not pull the child's face around to get his attention. Instead, put your hands on his, stop your motion, gently tap his hand or shoulder, etc.

F. Be expressive when you talk. (Example: smile).
   1. Ham it up a little.
   2. Fix expression to what you are saying and how you feel. (Example: If angry, don't smile.)

G. Speak clearly but without extreme exaggeration. Don't have a broad smile when you talk.

H. Be interested in what you are talking about so the child will be interested.

I. Talk naturally, preferably at a moderate rate of speed. Don't break up words. Keep a normal speaking rhythm.

J. Say one phrase or sentence at a time.
   1. Be brief and to the point.
   2. Long complex sentences are often too much for young deaf children.
   3. You can have a language filled environment without having it stimulating and meaningful.
   4. Single words are appropriate at times.

K. Emphasize the key word in a sentence. It will usually come at the end of the sentence. (Example: Get your coat! or Where are your shoes!) Repeat the key word or phrase when necessary.

L. Repeat or rephrase an idea when necessary.

M. Avoid ah's, m's, er's and coughs. These are meaningless and confusing to the lipreader.

N. Gear language to what you would give a hearing child.

O. Keep the home environment, the activity and the language natural.

P. Close your mouth before you talk and pause on the last syllable.

Q. Have the light on your face, not the child's. Avoid standing in front of a window or with the sun in your chil's eyes.

R. Take distance into consideration when talking to your child. Two to ten feet seems to be the optimum distance.

S. Physical factors which interfere with the effectiveness of your conversation with your child.

II. Reminders Related to Language Output - Continued.

S. Physical factors, etc. continued.

1. Hands.
2. Movement of the body (avoid large physical movements or gestures while talking to child.)
3. Movement of the head.
4. Lowering of the head.
5. Cigars, cigarettes, pipes, chewing gum. You hear yourself talking perfectly well while you are smoking or chewing. Your child is primarily conscious of the major movements involved in chewing, or smoking.
6. Long hair obscuring view of the face (keep back behind ears.)
7. Dangling earrings or necklaces.
8. Beards and mustaches (make sure lips are clearly visible.)
9. Sunglasses (cut off eye contact).

T. Watch yourself in the mirror as you speak. Be aware of "invisible" words, (egg, cake)- homophemes, and things that could interfere with lipreading.

U. Homophemes (words which look alike - baby/bye-bye, red/green) occur all the time. Rephrase or reword the sentence, if the lipreader is confused.

V. Lipreading is different to a deaf person than it is to you when you watch television and turn the volume down. You have a strong language background to draw from. A hearing impaired child does not have this foundation. You can feel what it is like to lipread by trying to lipread a foreign language, but even then you have an established verbal language with which to compare it.

W. The child at first cannot tell when you are saying words, or sentences or where one word ends and another begins. That is one reason to repeat key words after the end of sentences or phrases.

X. Remember, lipreading is physically fatiguing. Take this into consideration when you have been talking for any length of time to your child. Do not expect your child to do what you would not expect a hearing child of the same age to do.

Y. Be considerate of your child. Do not come up behind him and tap him on the shoulder unless he realizes you are there. This can be very frightening. Go around where he can see you and get down to his level.

Z. When talking with your child, stop your movement while you are talking, then continue your action when finished (Example: if walking, stop, talk - then continue, or washing, stop, talk - then continue to wash.)

II. Reminders Related to Language Output - Continued.

AA. Stop and explain to your child what you are talking to your husband about so your child feels included. Also, remember, abrupt changes of the subject can be confusing to the hearing impaired child.

BB. Encourage your child to participate in group activities. He should be considered as part of a group both at home and at school.
Be expressive when you talk, but avoid exaggeration (smiling widely when talking, etc.)
   a. Ham it up a little.
   b. Fit expression to what you are saying and how you feel.
   c. Be interested in what you are talking about.

CC. When a guest is at the dinner table, seat the child directly opposite the guest if possible. At other times, seat the child between the parents at the dinner table. If there is a window in the dinning room check to make sure the child is not seated facing the window.

DISCUSSIONS WITH PARENTS

I. Language

There must be INPUT before OUTPUT. Remind parents of this daily. A hearing child hears language hundreds of times before he experiences expressing it. A deaf child must see the language many more times before he can use it to express himself.

Language has to be meaningful and useful.

Expect language from your child.

Capitalize on what the child is interested in and build from there.

Model, pattern and expand the child's language.

Remember natural language.

Do not work with the child if you or he is not in the mood, is upset, sick, on a tight time schedule, or during a confusing time of the day.

A. The different Ways a Child Has to Learn a Word.

Example: "C A T"

1. Imitate speech movements.
2. Speechread (lipread).
3. Have the concept of various "cats".
4. Write in manuscript.
5. Read printed word (hand written and in books).
6. Write in cursive.
7. If he is learning signs, fingerspelling or cued speech, he has to learn it in that form.
8. The sound of the word with a hearing aid.
9. Recognize picture of "cat".
10. Identify real "cat".
11. Recall word.

B. Children Must Learn To:

1. Listen to and see what is said.
2. Understand.
3. Imitate (gross speech-gradually good speech).
4. Use speech meaningfully.

II. Activities for Developing Language.

A. Inner Language.

A child needs to know how to think, reason and imagine. Let him make decisions, dramatize, guess and use his imagination.

B. Games.

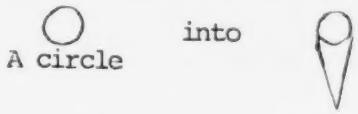
1. Have a surprise in a bag. "What do you think I have?" Really make the child think.

II. Activities for Developing Language - Continued.

B. Games - Continued.

2. Hide the pea game.

3. Draw a shape. Let him turn it into a picture.



4. Tell a story. Let him think up the next part.

5. Pretend stories.

6. Pretend games.

7. Let child decide on color of socks or amount of food he will eat.

8. Show child a picture, ask the child how the person feels, what happened before, etc.

9. Ask questions.

C. Suggested Books.

Let's Imagine Thinking Up Things — Wolf - Prentice Hall

Let's Imagine Thinking Up Places

Sesame Street Books

III. Teaching a Specific Word - Lipreading.

Object: (airplane, car, etc.)

Concept: What is the object? Is it a toy? What is it's shape? If possible, relate the object to the real thing. (For example, a play airplane to a real one.)

Purpose: To teach the child the word "airplane". To help the child develop the skill of speech reading. To provide experience in auditory training. To induce speech.

Lesson: Tell the child the name of the object. This is a _____. Hold the object close to your face and say the name of it. Repeat the name of the object as much as possible during the lesson. Make complete sentences or phrases.

IV. Verbal Matching - Concept Expansion (Go from concrete to abstract)

A. Real objects to real objects or replicas.
Be sure the child knows what the object is and it's use.

B. Real object to picture.

C. Picture to picture.

D. Picture to written word.

E. Written word to written word.

V. Books.

A. What to watch for when choosing a book.

1. Clear pictures.
2. Pictures that help tell the story and stimulate thinking.
3. Uncluttered pages with preferably only one picture per page.
4. Pictures at least realistic.

B. Three ways of looking at a book.

1. Alone.
2. In mother's lap or across from her, but the child has the control of the book and looks up when he wants to.
3. Parent holds and tells the story to the child while the child watches.

C. Explanation of how to present the story. (John Tracy Clinic Correspondence Course I-32).

Suggestions:
1. The child can sit on the arm of the couch with mother facing him.
2. Let the child become part of the story.
3. Have parent tell a story to child at bedtime each night while staying in the house.

Times to Bring in Language Throughout the Day

I. A Child's Day.

A. Waking Up.

1. Put hearing aid on.
2. Tie shoes from his side.
3. Comb hair.
4. Get dressed.
5. Self respect. (Show him how nice he looks.)

B. Grooming, washing, bathroom, toilet training, changing diapers.

C. Time for school.

D. Playtime (use play telephone).

E. Tea time. (Make placemats with child and print name tags on mats.)

F. Play dress-up.

G. Put toys away, clean toy chest.

H. Art activities.

I. Nap time.

J. Bedtime.

K. Walk.

L. Going outside (get your coat, etc.)(pulling wagon, riding trikes, etc.)

M. Daddy is coming home.

N. Accidents.

O. Story time.

P. Time with special pets, animals and toys.

Q. Dancing to music.

NOTE: Don't let your child play alone all the time. He is developing language when he is interacting with someone. But some times, your child needs time to himself to create, explore and imagine.

Times to Bring In Language Throughout the Day (continued)

II. Mother's Day.

A. Getting dressed.
(putting on make up, setting hair).

B. Make beds or change linens.

C. Meals.

D. Cooking.
(make shake-a-puddin, Jello, etc.).

E. Sewing.

F. Baking.

G. Snack time.

H. Make jello, cookies, toast, ice cubes, etc.

I. Setting and clearing the table.

J. Wash, rinse, dry and put away dishes.

K. Clean house, closet or drawer: sweep, vacuum, pick-up, dust, wash windows, mop, wash woodwork, polish furniture.

L. Preparation for shopping.

M. Shopping.

N. Put groceries away.

O. Sort washing, wash, dry, fold and put away clothes.

P. Outings to zoo, park, farm, picnic, etc.

Q. Trip to store.

R. Go on a trip.

S. Ride in the car.

T. Watch television.

U. Clock time (make a clock out of paper plates. Match to real clock).

V. Cleaning out pocket books.

W. Packing or unpacking.

X. Planned accident (drop spoons, etc.).

III. Father's Day.

A. Shaving (Make child a razor out of a match box covered with foil and a string for a cord.)

B. Breakfast and other meals.

C. Leaving for work.

D. Coming home from work.

E. Reading.

F. Chores: Carrying garbage, washing car, gardening, mowing lawn, painting, building, snow machine, lighting fire, cutting and stacking firewood.)

G. Polishing shoes.

H. Preparing and storing meats.

I. Riding bikes together, taking walks, rough-housing.

J. Feeding the dogs.

K. Clean yard.

L. Shovel snow.

Father has his own way with the child.

His own way is not necessarily the mother's. She should make suggestions, but let him have his own way of working with the child. Variety is good. We do not want the child to be too rigid or too dependent on any one person or method.

IV. Ideas to Use Around the House.

A. Shoe bag hung low so child can match and put his shoes away.

B. Pictures of clothes or toys taped when the objects belong in drawers or shelves.

C. Scrapbook of objects, experiences, etc.

D. Special traveling toys for times when child will have to ride for long periods of time.

E. Picture dictionaries (Have two of each kind so you can cut up one.)

F. Catalogues.

G. Match pack card games.

IV. Ideas to Use Around the House (continued)

H. Sesame Street Books.

I. Water toys to play with in tub, sink or basin.

J. Make snow ice-cream.

K. Build snowmen.

L. Use of instamatic camera.

M. Snapshots.

N. Calendars to explain about birthdays and special events.

O. Paper clock to explain the concepts of time.

V. Manners.

A. Table Manners - Expressions to be Used.

1. Thank you.
2. Please.
3. Excuse me.
4. More, or More _____ please.

B. Behavior.

1. Folding the napkin.
2. Burping.
3. Sloppiness.
4. Silverware.
5. Playing with food.
6. Sitting in chair.
7. Ask for more rather than reaching across the table for it.
8. If you don't care for certain foods.

VI. Mealtime.

A. Give the language for the food.

"Here's some meat." "Do you want a little bit or a lot?" Tell him the name of each food so he'll learn the language. "Here is some salad." "Do you want a little bit or a lot?" Let the child make some decisions on the size of the servings.

B. Make comments throughout the meal about the food.

"It's hot." "That's good." "The milk's all gone."

C. If you keep the food a little out of reach, he will have to ask for it. When he points to what he wants, give him the language and expect vocalization. Once he knows the language, expect,but do not force it from him.

Trick: (1) If you pour just a little milk at a time, he'll have to ask for more.
(2) Hold the dish before giving it to the child.

D. Don't bypass the deaf child and ask the others to pass the food. Ask the deaf child too.

Recommended Toys

A. Play.

popper
* boats
* cars
* trucks
* airplanes
* barn
* doll and blanket
broom and mop
pounding bench
whistling train
* bucket and shovel
* hangar (airplane)
push toys
* pull toys
* cardboard boxes
* animals
(pan & spoon)

B. Educational Toys.

* string beads (spools, straws, macaroni, buttons.)
* building blocks.
* puzzles.
* wooden train.
hundred cars for $1.00
Tupperware shape ball.
plastic milk bottle.
* number sorter.
* number concept games/Fisher Price clocks.
* All by Himself/Herself books.
pop beads.
Playschool poker chips.
* small doll house.
Playschool triangle board.
magnetic letters (upper case & lower case).
* bathtub toys.
clutch ball.
* tea set.
* hearing aid doll.
Lincoln Logs.

C. Art Supplies.

crayons.
* playdough (clay or dough)
* glue or paste.
tape.
paint.
* finger paint.
* charcoal.

(* - Can be made at home easily.)

D. Assortment of Records and Books.

END OF THE WEEK SUMMARY

1. You are a mother first. We are not here to help you become a teacher, but rather a mother who helps her child by bringing in language in everyday situations.

2. Home life is of foremost importance. Try not to change it into a school or to fit it around the hearing impaired child. The other children are just as important, and need your attention too.

3. Your child is a child first (with the same basic needs as a hearing child) and a hearing impaired child second. Be aware of normal child development.

4. Be careful not to attribute all of his behavior to his hearing loss.

5. You will receive advice on how to help your child from many shources. Listen, then do what you think is best. Remember who is speaking, their knowledge of your personal situation and of hearing impairments. You know your child better than anyone else. Remember, you will always receive criticism from someone.

6. Work with your child the way that is best for you and him. (Don't feel that you must follow all suggestions of that you have to be like another person. Feel free to adapt ideas to your own approach.)

7. Do not try to do everything at once. Do what you feel is most important and do it well. Gradually work up to more and more QUALITY rather than QUANTITY.

8. The key to working with your child is to be natural - in language, voice and expression. Keep language and expectations geared to what you would give a hearing child of the same age.

9. Try to put yourself in the child's place -- emotionally, physically, and communicatively.

10. Try not to interrupt the child's natural home activities while bringing in language.

11. Talk about what your child is interested in rather than what you are concerned with at the time.

* 12. In order to be learned, language must be meaningful and useful to the child.

* 13. There is a difference between expecting and forcing language. Expect but do not force it. Example: Wait for him to say "more" before you pour him more milk. He doesn't have to say it, but if he doesn't try, then - no milk.

14. One must have language input before output. (Impression before expression.)

15. Keep a notebook of your child's language development and of any incident you feel is worth noting. (It helps on days when you feel discouraged.)

16. Keep in close contact with your child's teacher, therapist or public health nurse. (You may want to keep an experience notebook to reinforce the same language at school and at home.)

17. Be careful of clinic hopping and of advertisements. If you hear about something new regarding deafness, ask a professional (ear specialist, audiologist, teacher of the deaf, etc.) you trust about it. If it is something good, the professional will want to know about it. If it is something bad, the professional will want to alert other parents to beware of it.

18. If you decide to use Total Communication or Cued Speech, remember to also expect your child to use speech, encourage the use of the hearing aid, develop listening skills and expect him to lipread. Always use speech with signs and/or fingerspelling and expect it back.

19. Give your child a chance to develop by giving him some responsibilies (putting toys away, feeding the dog, carrying dishes from the table, making his bed, etc.). Make sure the task is something you feel comfortable about having him do and is within his limits. Give him a chance to develop his special abilities and interests. Give him a chance to feel independent by letting him complete tasks alone. (This will help him build self-confidence.)

20. Don't allow members of the family to cater to his handicap. (Don't let them baby him, give into him, over indulge him or over protect him. Example: Giving the last piece of dessert to him or bringing him a special toy just because he is deaf.)

21. Don't give your child a choice when asking a question unless you are willing to accept and respect his decision. (Don't say, "Do you want to go to bed?" unless you are willing to let him stay up if he says "No.")

* 22. If you treat him as handicapped, he may become handicapped. He has a hearing impairment. The handicap is what we as teachers and parents place on him by limiting his activities and by underexpecting from him. If you treat him differently, he may act differently.

* 23. Be as consistent as possible with your child. He must know what to expect from you and believe that you do what you say. If you are not consistent with him, he will not respect your decisions and will test you more often. (Example: mealtime, bedtime, playtime, putting away time.)

24. Fit your expression with what you are saying.

25. Be sure to have your child's eyes checked. Do not just assume your child has good eyesight because he has to primarily depend on it.

(* - Most important points.)

ALASKA TREATMENT CENTER

for

Crippled Children & Adults, Inc.

3710 E. 20th Ave., Anchorage, Alaska 99504 Phone (907) 272-0586

DATE _____

FAMILY EDUCATION PROGRAM

Phone (907) 279-8080

REFERENCE: _____

BIRTHDATE: _____

I hereby give the Alaska Treatment Center Staff permission to obtain and use audiological, medical, and educational data on my child and to take and use pictures of my child and our family.

I also give the Alaska Treatment Center Staff permission to use video tape pictures of my family for viewing by groups of teachers, doctors or other professionals or parents interested in the education of the deaf.

_____
Parent or Guardian

_____
Witness

Date: _____

Referred by: _____

EARLY EDUCATION ASSISTANCE GRANT PROGRAMS
FOR HEARING AND VISUALLY IMPAIRED
3710 East 20th Avenue
Anchorage, Alaska 99504
Phone: (907) 274-1665

I. FAMILY DATA:

1. Name of child _____ Sex _____
2. Child's birthday: Month _____ Day _____ Year _____
3. Give name and address of parents or gaurdians: Relationship _____

   Name _____

   Mailing address; _____ City _____ Zip ____
4. Give directions to home: _____

   _____
5. Child's address; Street/Box _____ City _____ Zip ____
6. Are the parents seperated or divorced? yes _____ no _____
7. Name and Address of parents if different from above:

   Name _____ Street/Box _____

   City _____ Zip _____
8. Is the child adopted, or a foster child? _____
9. Home telephone _____ or, neighbor's phone _____
10. What is Father's work? _____ Mother's work? _____
11. Whom should be notified in case of an emergency while parents and child are attending the program in Anchorage? Name _____

    Address _____ Phone _____
12. What language is spoken in the home? _____

13. List the names and ages of other children in the family (use another sheet of paper if necessary)

_____ _____

_____ _____

_____ _____

_____ _____

14. Other persons living in the home?

Name_____ Relationship_____

_____ _____

_____ _____

15. Are the child's parents deaf? If so, give cause.

Father_____ Mother_____

16. In the families of the parents, are there any deaf or hard of hearing relatives? yes_____ no____ List causes_____

_____

17. Has the child been examined by an otologist (ear doctor) ? yes_____

no____ If yes, give doctor's name_____

18. Was the child born with a hearing loss? yes_____ no_____

At what age was the hearing loss first noticed?_____

19. Do you know the cause of the child's hearing loss? yes_____ no_____

If yes, describe_____

20. Has the child had a hearing test? yes_____ no_____

21. When was the child's hearing first tested? _____ Where_____

How old was the child?_____ What were the results?_____

_____

Was a hearing aid recommended? yes____ no____ If yes, kind is it?

_____ When did the child begin using it?_____

_____ Have there been any problems with the hearing aid? yes___

no____ If yes, describe_____

Date of last hearing test_____ Where?_____

Results_____

22. When did your child get his last earmolds?_____

How many hours a day does your child wear his aid?_____

Does it seem to help him? yes____ no____ If yes, in what ways?____

_____

23. Do you think your child is deaf? yes____ no_____

24. Do you talk to your child in words;_____ phrases;_____

gestures;_____ pointing;_____all of these?_____

25. Do others understand the child's speech? yes_____ no_____

26. Does the child speak in single words_____ or phrases?_____

27. List the words that the child says that you understand_____

_____

28. How does the child act near the following sounds?

Fire siren_____ Airplane_____

Doorbell or telephone_____

Voices_____ Dogs barking_____

Door slam_____ Car horn_____

Snowmobile_____ Boat motor_____

TV/ Radio/ Phonograph_____

List other sounds the child reacts to_____

_____

29. At what age did the child...?

Sit up without help?_____ Walk without help?_____

Eat with spoon or fork?_____ Drink from a glass?_____

Dress himsef?_____ Ask to go to the toilet?_____

30. Is the child completely toilet trained? yes____ no_____

31. Does the child dress himself? yes___ no___ Feed himself? yes_____ no_____

32. Does the child have any sleeping problems? yes___ no___ If yes, describe_____

33. Does the child have any eating problems? yes___ no___ If yes, describe_____

34. What do you do if the child won't eat?_____

35. Does the child wet his bed---Often_____ Sometimes_____ Never_____

36. Does the child have any particular fears? yes___ no___ If yes, describe_____

37. Does the child use mostly his right___ or his left___ hand? Or, does he seem to use either hand equally as well? _____

38. What are the child's favorite things?_____

_____

39. Does the child nap? yes___ no___ If yes, when?_____ How long?

_____

II. MEDICAL INFORMATION:

40. Pediatrician or Family Doctor's name_____

Address_____Phone_____

41. Has the child had his eyes checked? yes___ no___ If yes, when?___

_____ Results_____

42. Before the birth of the child...?

Did the mother have German Measles, or any virus or cold during the first three months of pregnancy? yes___ no____
Any other illnesses during the pregnancy? yes___ no___ If yes, what kind_____
Did the mother have any disturbing experiences or accidents during the pregnancy? yes___ no___ If yes, what were they?_____
Was the Rh Factor a problem? yes___ no_____
Did the mother use any kind of drugs during her pregnancy? yes___ no__
If yes, what were they?_____

43. Were there any problems during the birth of the child? yes__ no____

43. If yes, what kind of problems?_____
Where was the child born? Hospital_____ Home_____
Other place_____
Who delivered the child? Dr._____Name of person other than a doctor and qualifications (i.e., midwife, health aide) if any
_____
Was the birth of the child premature? yes____ no____ If yes, how far along was the pregnancy at the time of birth?_____months. How much did the child weigh?_____
Was delivery induced? yes___ no_____ Was labor prolonged? yes___ no___
How long did the labor last?_____
What kind of anesthetic was used?_____
Were instruments used?____no ____yes
Was it a breech birth? Yes_____ No_____ Was the cord around the child's neck? yes___ no____
Was the birth Ceasarian Section? yes_____ no_____

44. Were there any problems immediately following the birth of the child?
Yes___ No___ If yes, what kind?_____
Was the child in an incubator? yes___ no___ How long?_____
Was the child blue? yes___ no___ Were there any feeding problems?
Yes___ no___ Was the child jaundiced? yes___ no_____
Did the baby have convulsions? yes_____ no_____
Was the baby weak? yes_____ No_____

45. Has the child had any surgery? yes____ no____ If so, what kind of surgery and when was it performed?_____
_____

46. Has the child had ear problems? yes____ no____ If yes, how often?_____ Explain the kinds of problems he has had_____

47. Did the child have any illnesses with long periods of fever shortly after birth? yes____ no____ If yes, explain_____
_____

48. Please note illnesses which the child has had and provide dates if at all possible.

spinal meningitis_____	diptheria_____
rheumatoid arthritis_____	smallpox_____
scarlet fever_____	measles (kind)_____
mumps_____	chicken pox_____
encephalitis_____	whooping cough_____

convulsions (how many times?)_____
epileptic seizures (how often)_____
other contagious diseases, illnesses or injuries:_____
_____
Is the child presently on any kind of medication? yes____ no_____
If yes, list type and dosage_____
_____

49. Has the child had any trouble with balance or coordination? yes__ no__
If yes, explain_____

50. Describe <u>any</u> physical problems other than deafness that the child may

have, and any corrective devices (glasses, hearing aids, braces etc.,) that he is using._____

_____

_____

51. List any allergies the child may have.

Medications_____ Foods_____

_____ _____

_____ _____

Other (hayfever, insects, animals etc,)_____

_____

_____

III. SCHOOLING

52. Has the child been in any school or clinic? yes_____ no_____

If yes,list; School or Clinic_____ Address_____

_____ Name of teacher_____

Date_____ If child has attended more than one school or clinic please attach the same information in each case.

53. Individual tutoring; Where_____ How often_____
Name of tutor_____ How long was the child seen by the the tutor? _____years _____months _____weeks

54. Describe the things members of the family have done to help the child at home._____

_____

_____

_____

_____

PURE TONE AUDIOGRAM

Name _____

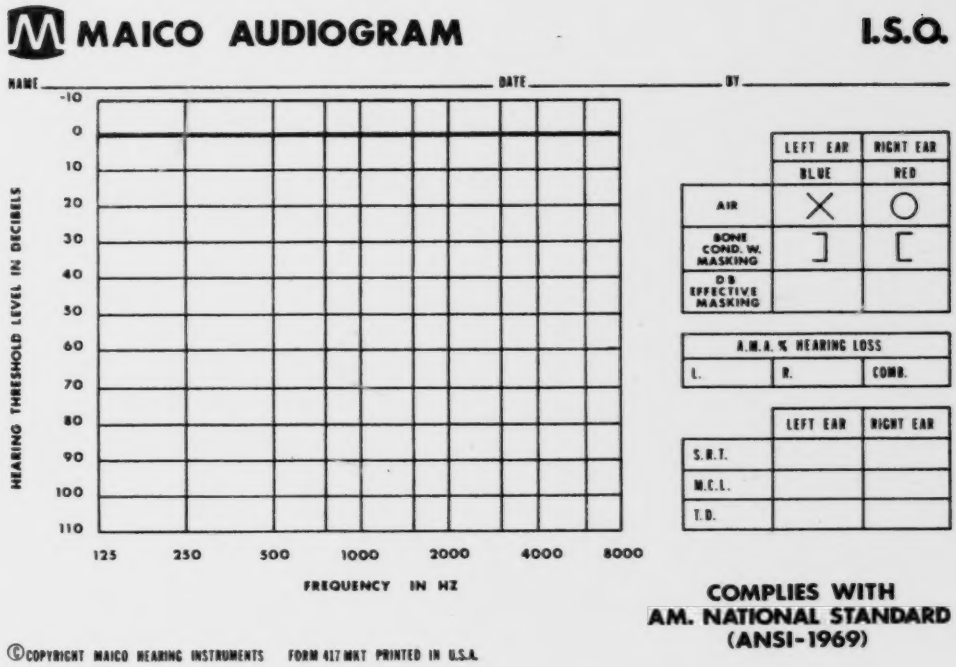
Birthdate _____

Tested by _____

Referred by _____

Agency _____

Date _____



Comments:

LOG OF LANGUAGE RECORD

1. Write the words that your child already knows and check under the appropriate areas.

2. As your child learns new words, write:

   a. the date that you noticed your child imitate the word

   b. the date he first begins to understand the word when you say or sign it

   c. the date he expresses the word by himself and you understand him

NEW LANGUAGE RECORD

Name

Birthdate:

Word	Initative	Receptive	Expressive

CHILD LANGUAGE EVALUATION

Name _____

Date _____

I. LANGUAGE DEVELOPMENT - Receptive

	Sign Language	Lipreading
1. Attends to communicative attempts by others.	_____	_____
2. Watches faces.	_____	_____
3. Attends to face.	_____	_____
4. Responds to gestures.	_____	_____
5. Responds to bye-bye.	_____	_____
6. Understands situations.	_____	_____
7. Understands simple commands with gestures.	_____	_____
8. Responds to inhibitory words.	_____	_____
9, Attends to speech.	_____	_____
10. Responds to speech (lipreading)	_____	_____
11. Understands simple commands without gestures.	_____	_____
12. Understands between 1 to 10 words.	_____	_____
Understands his own name.	_____	_____
Understands names of others.	_____	_____
List (Objects) _____ _____ _____		
(Concepts) _____ _____ _____		
13. Understands more than 10 words.	_____	_____
14. Understands simple questions.	_____	_____
15. Understands language used by parents.	_____	_____
16. Understands language used by friends or relatives or teacher.	_____	_____
17. Understands language used by strangers.	_____	_____

II. LANGUAGE DEVELOPMENT - Expressive

	Sign Language	Speech
1. Vocalizes — Articulation		
Voice		
Rhythm & Stress		
Intonation		
2. Imitates speech movements.	_____	_____
3. Gestures to express needs.	_____	_____
4. Vocalizes to get attention.	_____	_____
5. Vocalizes with purpose (uses language).	_____	_____
6. Expresses intelligible words.	_____	_____
_____ _____ _____		
7. Can express 10 words.	_____	_____
8. Can express 20 words.	_____	_____
9. Can express 30 words.	_____	_____
10. Can express 40 words.	_____	_____
11. Expressive vocabulary over 50 words.	_____	_____
12. Uses two word phrases.	_____	_____

III. AUDITORY TRAINING

1. Conditioned to respond to sound.	_____
2. Uses aid all the time.	_____
3. Child wants aid on.	_____
4. Aid properly maintained.	_____
5. Responds to environmental sounds. List: _____ _____ _____	_____
6. Increased vocalization with aid.	_____
7. Child complains when aid is inoperable.	_____
8. Attends to voice.	_____
9. Discriminates between speech and environmental sounds.	_____
10. Is aware of source of environmental sounds.	_____

III. AUDITORY TRAINING - Continued.

11. Discriminates between different familiar sounds. _____
12. Discriminates between different language patterns. _____
13. Can repeat language patterns. _____

IV. WRITTEN LANGUAGE

1. Can make controlled lines on paper. _____
2. Can copy symbols. _____
3. Can trace letters and numbers. _____
4. Can copy letters and numbers. _____
5. Can copy written language. _____
6. Initiates written language. _____

V. READING READINESS

1. Has learned to discriminate like and different objects. _____
2. Has learned to discriminate like and different pictures. _____
3. Has learned left to right orientation. _____
4. Has learned to discriminate like and different symbols. _____
5. Can recognize printed alphabet. _____
6. Can recognize name in writing. _____
7. Is aware of printed words as language. _____
8. Can recognize simple words. _____
9. Can read: _____ _____ _____ _____ _____

RECEPTIVE LANGUAGE EVALUATION

TEST I - Object Identification.

Procedure:

A. Present four of the following objects:

car, airplane, snowmobile, boat, table, chair, fish, dog, cat, bunny, baby doll, button, brush, comb, toothbrush, cup, fork, spoon, candy, ball.

B. Ask identification by gesture of two objects from each group (six trials). Use language as follows throughout the test:

Show me _____.

Where is _____?

Point to the _____.

C. Record results as follows throughout the test:

Which objects were identified?

Which language seemed to be understood?

TEST II - Numbers.

Procedure:

A. Present five blocks of uniform color and size.

B. Demonstrate identification of number by scooping four blocks toward self after saying "four".

C. Ask identification of: one; three; two.

D. Record results.

TEST III - Picture Identification.

Procedure:

A. Present three of the following pictures:

boat, car, airplane, bed, table, chair, TV, dog, fish, house, girl, boy, mother, father, baby.

B. Ask identification of one picture by gesture.

C. Record results.

SOUNDS IN THE ENVIRONMENT (continued)

II. Not so obvious: (continued)

9. Movie projector
10. Coffee pot percolating
11. Hair dryer
12. Toaster
13. Kitchen exhaust fan
14. Teakettle

III. Controlled Noises--Noises that You can Make:

1. Toilet flush
2. Running water
3. Cupboard door shutting
4. Drawer shutting
5. Pushing chair, or toys across floor
6. Lid on pan, or bowl with spoon
7. Voices-laughing, coughing, crying, singing
8. Popcorn popper
9. Footsteps
10. Dropping objects
11. Pots and pans
12. Musical instruments-drums, piano, harmonica
13. Knock on door
14. Hit cans together
15. Snap on highchair
16. Toys that make noise
17. Garbage can
18. Electric tooth brush

SOUNDS IN THE ENVIRONMENT

Daily Sounds to Draw Your Child's Attention To

Do not try to tune your child in to all the sounds at once--just a few meaningful ones at a time.

I. Obvious:

1. Vacuum cleaner
2. Radio
3. Record player
4. Television
5. Electric mixer
6. Washer
7. Dryer
8. Telephone
9. Dishwasher
10. Garbage Disposal
1. Door bell
12. Alarm Clock

II. Not so obvious:

1. Sewing machine
2. Refrigerator, turning on
3. Eggbeater
4. Heater, on and off
5. Electric razor
6. Air conditioner
7. Timer on stove
8. Typewriter

G. Material at Home for Games - Continued.

3. Objects -

buttons
dominoes
clothespins
paper clips
checkers
ping pong balls
lima beans
jelly beans
M & M candies
blocks
beads
pop beads
marbles
jewelry
rocks
plastic spoons
small wooden spoons
colored tooth picks
marshmellows, raisins
popcycle sticks
tongue depressors
party favors
golf tees
sticks
macaroni
nuts (shelled or unshelled)
stickers
cotton balls
rings (plastic or curtain)
pipe cleaners
small Christmas balls
crayons
yarn
bows and barrets
curlers
popcorn
cookies
cereal
pennies
playing cards
nails, screws, bolts.
balls
paper clips
empty spools
bottle tops
small pictures
small balls of yarn
drink stirrers
straws
pegs
candy

String these objects: beads, macaroni, pop tops, life savers, paper clips, buttons, spools, straws, cherries.

Child can play "take away" games, similar to "drop in" games.

H. Make blocks out of Milk Cartons.

I. Educational toys that can be used for Auditory Training.

Use any toy that has many responses available.

stack toys
shape toys
water pump
puzzles (if simple)
milk bottle toys
airplanes and hangar
cars and garage
dolls in doll house
animals in barn
creative blocks

J. Rewards.

Physical, expressive, verbal, candy, stickers, easter seals, peel off stickers, Christmas tape, book stamps, magazine stamps.

Have rewards be what the child likes.

K. Miscelaneous Home Activities to Stimulate Hearing.

stories
singing
dancing
finger plays
rhythm instruments
identifying voices - family

F. Ways to Keep Interest and Control.

1. Keep in control of all objects.

2. Use a set number of objects (6 or 8) and do not repeat the game at that sitting even if the child wants to.

3. Let the child know exactly what is expected of him.

4. Give him one response object at a time.

5. Have his and your movements be direct and precise.

6. Let him see you make the sound and do not move the soundmaker out of his sight until he is consistently accurate with sight. If he seems lost without sight go back to using touch and then sight.

7. Expect quick responses.

8. Keep the game interesting and within the child's physical and intellectual limits. (Beware of over-stimulating games.)

9. Be certain not to give clues through movements, eye blinks, timing, expressions. (Watch for mirror and window reflections.)

10. Speak as little as possible so the child will be able to concentrate on the sound being made.

11. Turn off any radio, television and record player when working on auditory training.

G. Material at Home for Games.

1. Sounds -
   - pan and spoon
   - radio
   - noisemakers
   - whistle
   - clapboards
   - handclap
   - musical toy
   - bell
   - piano
   - voice
   - box of rocks, rice, etc.
   - record player
   - squeaky toys
   - rattle
   - drum
   - hit two lids together
   - alarm clock
   - coffee can with marbles

2. Containers -
   - oatmeal box
   - cottage cheese carton
   - margarine bowls
   - clorox bottle
   - shoe box
   - yogurt container
   - Sucret box
   - coffee can
   - round containers (ice cream or chicken)
   - plastic milk bottles
   - plastic bags
   - paper bags
   - laundry bags
   - pillow cases
   - jar (slit top)
   - pots
   - plastic eggs (split)
   - egg carton
   - aspirin tins
   - buckets
   - babyfood jars
   - paper cups
   - nut cups
   - acoustical tile
   - styrofoam
   - glass
   - cup
   - basket
   - orange juice can

C. Conditioning Games - Continued.

9. Other ways to respond.
   Turn around, take objects out of or off of something, raise head, take a step, etc.
10. After a child can respond easily to auditory and visual sound:
    a) Hit the instrument behind the child's back. Make sure he responds quickly.
    b) If he fails to respond, bring the instrument out in front of him again (or try using a different sound).
    c) Don't give clues when the sound is made once the child knows what to respond to.
    d) When the child responds well, make softer and softer sounds.
    e) Change roles and let the child be the teacher.
    f) Make sure the child experiences success and is rewarded for his success.

Note: If the child refuses to use the toys properly, take them away and bring them out another time.

D. Discrimination Between Sounds.

1. Things to discriminate between.
   a) Two instruments (drum and bell).
   b) Loud and soft.
   c) Fast and slow.
   d) Long and short.
   e) Vocalizations (animal sounds, vowels, etc.)
   f) Number of beats (start with the hand closed, have child raise a finger for each beat.)
   g) Single words - i. Go - Game.
      ii. One syllable versus two syllable words. (car vs. airplane).
      iii. Repeated syllables.
      iv. Names of members of the family.
      v. Different words.
      vi. Different phrases.
   h) High and low.
   i) Things around the house.
   j) Rhythm with the piano or record player.

E. Other Auditory Training Suggestions.

1. Singing
2. Nursery rhymes.
3. Finger play.
4. Say and clap hands to rhythm.
5. March to music and clap hands.

DISCUSSIONS WITH PARENTS

I. Auditory Training.

A. Purpose

The purpose of Auditory Training is to teach the child to make the most possible use of his residual hearing and to become aware of sound in his environment.

The child must learn to - 1. Listen (tune in)
2. Localize (where)
3. Discriminate (difference)

B. Three Basis Steps:

1. Feel, Look and Listen.
   (TVA) Tactile (touch)
   Visual (sight)
   Auditory (hearing)
2. Look and Listen.
3. Listen.

C. Conditioning Games: (Conditioning should be left to the school program unless your child has not been conditioned to sound.)

1. Use an instrument that is fairly loud. (Example - drum, pan with a spoon).
2. Let the child play with the instrument if he is not familiar with it.
3. Show him how many responses he is expected to make. Hand him one response object and have him hold it up to his ear in a "listening" position. Keep the other objects out of his reach. (Begin with 6 to 8 responses.)
4. Hit the instrument once and let him quickly drop the object into the container. If he does not respond, guide his hand.
5. Immediately respond to his action by clapping or giving him a very pleased expression.
6. Do not hit the instrument if he is daydreaming - wait until he listens.
7. Keep the game moving and optional - keep the game short. When the game is finished, put it away. It is better to stop while the child's interest is high than to wear him out by repeating the game. This will also encourage him to finish a game some other day when he really isn't quite so interested. He will know he will only have to play it one time.
8. Problems - a) If he doesn't know what to do.
   i. Mother can hold his hand and guide it to make the correct response. When he begins to take over action, let him.
   ii. A third person can help the child make the response or the mother and third person can play the game while the child watches.
   b) If he makes the wrong response.
   If possible, stop his hand before he drops the object into the container. If he has already dropped it, have him take it out and try again.

DISCUSSIONS WITH PARENTS

I. Development of Residual Hearing.

A. The child should wear his hearing aid every day, all day.

1. Discuss operation and care of hearing aid - also possible problems. Check the hearing aid at least twice daily, to make sure it is working properly. Make sure you check the batteries at bedtime, as this is the time of the day they may be running down if new batteries are needed. Clean the ear mold daily.
2. If he refuses to wear his hearing aid, find something he really enjoys playing with and let him do that only if he wears his hearing aid (Example: television or a musical toy).
3. Effect of distance on hearing aid reception.
   Using a tape recorder, record speech - 1 ft. from microphone.
   3 ft. from microphone.
   6 ft. from microphone.

   Play back and discuss.

II. Awareness to Sound.

A. Differentiate between listening and hearing.
   We block out sounds unconsciously but hear them if we listen. Have parents take a noise inventory of their home.
   1. Obvious.
   2. Not so obvious.
   3. What can make sounds.
   4. Outside sounds.

   Idea to help parents to learn to listen.
   Blindford parents and ask them to tell you the different sounds they hear.

B. Help the child to develop an awareness of sounds in the environment-especially speech. (Not all of them at once.) He has to learn to listen, localize and discriminate between sounds. Begin by showing him how the sound occurred and where it occurred. Use sounds that interest a hearing child.

   1. Make the child aware of what makes noise and what does not.
   2. When you make a sound, if he hears it, show him again what the sound was and how you make it.
   3. If he does not hear the sound, draw his attention to the sound and make the sound again.

C. Be interested in the sound and pleased to hear it. Let him feel the object if possible, and if he will, put his ear up to it. The parent or teacher has to do this first with the child. You probably will not know if the child hears the different sounds but give him the opportunity to connect the meaning to what he either feels or hears.

   Use a clue your child recognizes to call attention to sound (a hand to your ear).

DISCUSSIONS WITH PARENTS

E X A M P L E

WEEK PROGRAM

NAME CRANE
DATE May 20-27

	DAY Monday DATE May 22	DAY Tuesday DATE May 23	DAY Wednesday DATE May 24	DAY Thursday DATE May 25	DAY Friday DATE May 26
	Arrive Sat. May 20	Alaska #1865 @ 6:45 PM.			
9:00	ATC - Preschool Deaf Class (B)	ATC - Hearing Evaluation - K. Tolzin	ATC-Hearing Eval. K. Tolzin	Visit Denali School Deaf Class	Video Tape Home Activity
9:30	P. Sanders J. Beck			(B) D. Kendall J. Condict J. Anderson	
10:00		Discussion:	Tape: Dr. Vernon "Implications of		
10:30		- Speech & Lang. Development	Hearing Loss" (B)		View Video Tape
11:00	History and Information Form	- Communication -Deaf Education	Discussion Lunch	Meeting with V. Humble, Dir. of Deaf Program	Discussion
11:30					Sum-up Week's Program
12:00					
12:30			Visit - Fairview School		
1:00	Conditioning Game		(B)		
1:30	Parents' Hearing Test	Movie: Silent World Muffled World	Hard-of-hearing Integrated Class D. Aregood J. Moe	Plan Video Tape	
2:00	Discussion: -Hearing Loss		Home Activities		
2:30	-Record: How They Hear	ATC Psychological Eval.-J. Dickenson		Visit with parent of deaf child -E.Heilman	
3:00	-Filmstrip: How We Hear				
3:30	-Audiology -Record: Getting				
4:00	Through	Educational Games			
7:00			Visit with deaf adult-N. Berletich		
8:00					

PRE-VISIT CHECKLIST

1. Request money.

2. Set up appointments - make up Week Program.

   _____ otolaryngology examination.
   _____ audiology examination.
   _____ pediatric examination.
   _____ other medical or dental examinations.
   _____ school visits:
      _____ Denali.
      _____ Fairview.
      _____ East High.
      _____ Preschool - ATC.
   _____ integration of child and siblings.
   _____ teaching demonstration.
   _____ visit with Special Education Director.
   _____ testing:
      _____ psychological.
      _____ developmental.
      _____ speech and language.
   _____ filmstrip.
   _____ records.
   _____ films.
   _____ PHN visit.
   _____ BIA social worker visit.
   _____ parent visit.
   _____ deaf adult visit.
   _____ visit to signing class.
   _____ check video equipment.
   _____ check child's file.
   _____ contact other agencies involved.
   _____ arrange experience trip.
   _____ contact babysitter.

3. Check house.

   _____ beds.
   _____ general supplies.

4. Letter to parents.

   - Who will attend? Mother, father, child, siblings?
   - Ages of children?
   - Remember to bring child's aid.
   - Bring information on child's history.
   - Has the child had a hearing evaluation? When? Where?
   - Explain clothing necessary for Anchorage weather.
   - If any change in plans, let us know.
   - Give addresses and phone numbers - including teacher and/or aide's home.
   - Describe program.
   - Describe self or aide for airport identification.
   - Send copies of letter to other agencies.

5. Check transportation arrangements.

C. Summary - Cont'd.

3. Child Evaluation.
   Hearing loss, hearing aid (use, benefit, attitude) maturity of child, speech and language, ability to communicate with family members, readiness for school.
   Additional handicaps, possible problem areas, behavior.
4. Follow-up and assistance through other agencies.
5. Attitude at the end of the week.

D. Field Trip

E. Take Family to the Airport.

IV. FOURTH DAY

A. Earmold Fitting.

B. Home Activity.

C. Movie: Silent World, Muffled World.

D. Psychological Evaluation.

E. Meeting with Deaf Adult.

V. FIFTH DAY

A. Integration of Deaf Child and Siblings in Local Classes.

B. Audio-tape: Dr. Vernon - Implications of Hearing Loss and Communication
React.

C. Educational Games - Discuss possibilities for homemade games.

D. Visit Deaf Classes - Denali & Fairview.
Observe and react.

E. Visit with other Parents of a Deaf Child.
Discuss: Hearing Aid Use.
Language Development.
Home Activities.
Communication.

F. Plan Home Activities for Video Taping.

Father activity
Mother activity
Sibling activity

VI. SIXTH DAY

A. Video Tape Home Activities.

B. View Video Tape (micro-teaching)

C. Summary of Week's Activities and Follow-up.

1. Attitudes at the beginning of the week.
What happened during the week (events, reactions, focal points, parents primary concern.)
2. Attitudes and behavior during the week (i.e. open, honest). What information and suggestions did they pick up, communication with the child.

C. Demonstrate Conditioning Game - child and parents participatin.

D. Discuss: "Hearing Loss and Audiology"
Filmstrip: How We Hear

E. Visit by Social Worker and/or Public Health Nurse.

F. Otolaryngology or Pediatric Examination.

G. Attend Parent Class.

III THIRD DAY

A. Visit Preschool Deaf Class

During and after class visits, call attention to:

1. Charts and other visual aids (speech, language, auditory training, lipreading)
2. What makes it different from a hearing class?
3. Speech, voice and language of children is different.
4. Hearing loss - you can usually tell how severe the child's hearing loss is by his speech.
5. Children are learning through different ways than in regular class.
6. Why they need a special class.
7. Why they wear hearing aids. (It's like putting on ears.) You can't measure a child's progress by his age, but rather when he started wearing a hearing aid.
8. Auditory equipment - tell how it works and its advantages.
9. How does the teacher communicate with the children?
10. How do the children communicate among themselves?

B. Watch Video Tape of Another Family - interaction with their hearing impaired child.

Discuss what techniques family uses to facilitate communication with the child.

C. Hearing Evaluation by Audiologist.

1. Feedback by parents.
2. Follow-up discussion with teacher.
3. Records: How They Hear and Getting Through
4. Discuss - Hearing Aid Care.

D. Discuss:

1. Speech and Language Development
2. Communication
3. Deaf Education

E. Assess Speech and Language Development of the Child.

TEST IV - Colors .

A. Present blocks of the following colors:

blue, yellow, red, white, orange .

B. Ask identification of blue and yellow.

C. Record results.

TEST V - Foods .

A. Present objects.

apple, orange, milk carton or box, candy.

B. Ask identification of orange and milk.

C. Present pictures of the following foods:

meat, fish, bread, water.

D. Ask identifcation of water and bread.

E. Record results.

TEST VI - Descriptive Words.

A. Present large and small baby dolls and balls.

B. Ask identification of each using language "big" and "little".

C. Record results.

TEST VII - Parts of the Body.

A. Ask identification of mouth, nose, ears, eyes, foot.

B. Record results.

TEST VIII - Clothing.

A. Present boy or girl paper doll and the following clothes:

pants, shirt, coat, dress, pajamas.

B. Ask child to identify and put on two items.

C. Record results.

TEST IX - Simple Directions.

A. Ask three of the following activities:

Can you jump?
Put the spoon in the cup.
Come here.
Open the door?
Put the fork on the table.

B. Record results.

NAME _____

DATE _____

RECEPTIVE LANGUAGE EVALUATION - RESULTS

TEST I - Object Identification.

TEST II - Numbers.

TEST III - Picture Identification.

TEST IV - Colors.

TEST V - Foods.

TEST VI - Descriptive Words.

TEST VII - Parts of the Body.

TEST VIII - Clothing.

Results Continued

TEST IX - Simple Directions.

Ideas taken from
Speechreading Test for Young
Children by: Delores S. Butt,
Ph.D., Volta Review - April/68

Child's Reaction To Test

1. How well and how long did child sit still during test?

2. How well did child attend to examiner's face?

3. Did child vocalize at all during test?

4. Other reactions:

SUMMARY OF YEARLY REPORT – PARENT-INFANT PROGRAM

Card 1 [6][0]

Name _____ Code 3 [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Child's attendance:

No. individual sessions 22 [ ][ ]

No. class sessions 24 [ ][ ]

No absences 26 [ ][ ]

Date of Report [12 Mo.][ ][ ] [Day][ ][ ] [Yr.][ ][ ]

CA: [18 Yr.][ ][ ] [Mo.][ ][ ]

Teacher _____

Date entered program _____

I. BEHAVIOR PATTERNS (See Kirk Scale)

	1 Below Average for CA	2 Average for CA	3 Above Average for CA	4 NA	
Physical Behavior					28 [ ]
Play Activities					29 [ ]
Care of Self					30 [ ]
Social Responses					31 [ ]
Language					32 [ ]

II. INDIVIDUAL REPORT (all items rated in relation to the "average" child of this CA):

Physical Development and Muscular Coordination:

	1 Poor	2 Average	3 Good	4 NA	
Physical Development					33 [ ]
Posture					34 [ ]
Muscle Control					35 [ ]
Balance					36 [ ]
Walk					37 [ ]
General Health					38 [ ]

CID – Oct. 1970

MENTAL DEVELOPMENT:

	1	2	3	4	5		NA	
Gives up easily	____	____	____	____	____	Carries through with task	____	39 ☐
Disinterested	____	____	____	____	____	Persistent	____	40 ☐
Cannot make choices	____	____	____	____	____	Makes choices easily	____	41 ☐
Short attention span	____	____	____	____	____	Long attention span	____	42 ☐
Unresponsive	____	____	____	____	____	Responsive	____	43 ☐
Unimaginative	____	____	____	____	____	Imaginative	____	44 ☐

EMOTIONAL DEVELOPMENT:

	1	2	3	4	5		NA	
Tense	____	____	____	____	____	Relaxed	____	45 ☐
Often moody and unhappy	____	____	____	____	____	Generally cheerful & contented	____	46 ☐
Shy	____	____	____	____	____	Gregarious	____	47 ☐
Clings to parent	____	____	____	____	____	Leaves parent willingly	____	48 ☐
Temper tantrums	____	____	____	____	____	No temper tantrums	____	49 ☐

SOCIAL DEVELOPMENT:

	1	2	3	4	5		NA	
*Does not play well with other children	____	____	____	____	____	Plays well with other children	____	50 ☐
*Unwilling to share	____	____	____	____	____	Willing to share	____	51 ☐
*Unwilling to take turns	____	____	____	____	____	Willing to take turns	____	52 ☐
Aggressive and domineering	____	____	____	____	____	Passive and complacent	____	53 ☐
Uncooperative with adults	____	____	____	____	____	Cooperative with adults	____	54 ☐

*Rate only for children in classroom situation

FAMILY EVALUATION

Name _____

Date _____

Provides a tense home atmosphere.	___	___	___	___	___	Provides a relaxed home atmosphere.
Neglects child.	___	___	___	___	___	Does not neglect child.
Fails to maintain good rapport with child	___	___	___	___	___	Maintains a good rapport with child.
Is overly permissive.	___	___	___	___	___	Is not overly permissive.
Is overly strict.	___	___	___	___	___	Is not overly strict.
Gives too much attention to child.	___	___	___	___	___	Displays appropriate attention to child.
Shows inconsistent control.	___	___	___	___	___	Shows consistent control.
Displays unrealistic impressions of child's capabilities.	___	___	___	___	___	Displays realistic impressions of child's capabilities.
Not interested in helping the child.	___	___	___	___	___	Shows interest in helping the child.
Poor communication with child.	___	___	___	___	___	Communicates well with the child.
Does not understand child's needs.	___	___	___	___	___	Understands child's needs.
Does not encourage language development.	___	___	___	___	___	Encourages language development.
Has unrealistic goals for child.	___	___	___	___	___	Has realistic goals for child.
Fails to include child in family activities.	___	___	___	___	___	Includes child in family activities.
Fails to encourage sibling acceptance of child.	___	___	___	___	___	Encourages sibling acceptance of child.
Fails to encourage child acceptance of siblings.	___	___	___	___	___	Encourages child acceptance of siblings.
Fails to encourage independence.	___	___	___	___	___	Encourages independence.
Does not encourage responsibility.	___	___	___	___	___	Encourages development of responsibility.

Breaks down child's self concept.	___	___	___	___	___	Encourages good self concept.
Does not encourage consistent use of Hearing aid.	___	___	___	___	___	Encourages child to wear and utilize the hearing aid daily.
Poor maintenance of hearing aid.	___	___	___	___	___	Maintains hearing aid.
Is uncooperative.	___	___	___	___	___	Is cooperative.
Fails to follow through with suggested activities.	___	___	___	___	___	Follows through with suggested activities.

FAMILY EDUCATION PROGRAM EVALUATION

To the parents: We want to know the strengths and weaknesses of our Family Education Program. We hope you will help us by answering the following questions and returning this to us as soon as possible. Thanks.

I. Please rate the following activities you participated in during your week in the demonstration home in Anchorage Check one for each activity.

	Very Helpful	Somewhat Helpful	Not Helpful	Don't Know
A. Visit preschool class at Treatment Center.				
B. Visit classes at Denali School.				
C. Visit to class at High School.				
D. Meet audiologist.				
E. Meeting parents.				
F. Talks with program teacher.				
G. Demonstration of home activities by teacher.				
H. Home activity participation on video tape. (Microteaching)				
I. Filmstrip and record How We Hear.				
J. Record How They Hear, describing hearing losses.				
K. Other activities.				

II. Please answer the following questions:

A. Arrangements.

1. What improvements would you suggest for our demonstration home?

2. Was the food purchased adequate for the week?

3. Were transportation arrangements satisfactory?

B. Activities.

1. What activities during the week seemed most helpful?

2. What activities seemed least helpful?

II. Please answer the following questions - continued.

B. Activities - Continued.

3. What part of the weekly program do you feel could be omitted?

4. What other activities could we have included that would have been helpful to you?

C. Information and Attitudes.

1. What new ideas did you gain from the program in Anchorage?

2. Has your approach to your child's home training changed since your week in Anchorage? _____

Please describe:

3. Has your child's behavior changed in any way since your week here?_____

Explain:

II. Please answer the following questions - Continued.

C. Information and Attitudes - Continued.

4. What are your feelings about the value of video taping?

5. Would you be interested in coming to Anchorage for another week of education at a later date?

6. Do you have any additional comments about our Week Program in Anchorage?

S A M P L E

_____
Date

FAMILY EDUCATION PROGRAM REPORT

NAME OF CHILD: _____
DATE OF BIRTH: _____
REFERRING PHYSICIAN: _____
DATE OF DEMONSTRATION HOME VISIT: _____

(Summary of Week Program).

(Family Situation).

(Family Interaction).

(Description of Child - Physical.
Social & Emotional.
Intellectual.
Communication Skills - Receptive Language.
Expressive Language.
Hearing.)

(Follow-up).

HOME VISITS

HOME VISIT

I. If possible, a home visit by the program teacher preceding the family's visit to the Demonstration Home is a good idea, to explain the Family Education Program to the parents. If impossible due to distance, time or weather, a public health nurse may be able to make the initial contact with the family.

II. Phone Call or Letter Prior to Home Visit.

Items to Discuss:

1. Is the child in school? Where? How often? Time?
2. Has the child had a hearing evaluation? When? Who?
3. Home address.
4. When can a home visit be made?
5. Directions to the home.
6. Teacher may be a little early or late.
7. Who is the public health nurse in the area?
8. Does anyone else work with your child? (Speech therapist?)

III. Prior to Home Visit:

1. Contact and make an appointment with the public health nurse for the day of the home visit.
2. Contact others in community who work with the family.

IV. Preparation for Home Visit:

1. Request per diem. (If over $100.00, transfer to travelers checks).
2. Plan trip itinerary.
3. Call travel bureau - order tickets. Also request excess baggage for Rover Camera, VTR and monitor.
4. Write letter to parents, telling them when you plan to come. Ask them to let you know if this is not convenient.
5. Contact public health nurse, teachers, physicians, social workers to arrange a meeting while you are in the area.
   (ref. physician, PHN, area PHN, area physician, audiologist, teacher, director of special education, social worker (BIA?), Head Start.)
6. Write for place to stay.
7. Check weather in area you plan to visit (are bush flights in operation?)
8. Pack -
   Materials: Home Visit Reports
   Child & Family Evaluations
   Receptive & Expressive Language Evaluations
   Articles, Idea Sheets, Books for family
   Materials for home activity - tapes, games
   Materials for talk with teachers and demonstration - transparancies, movies, records, tapes, overhead pens

IV. Preparation for Home Visit - Continued

Materials (continued)
- Materials for talk with Family Aides
- Camera and flash - film
- Video camera, VTR and monitor
- Fresh produce for teachers and family
- Video tapes - blank and edited ones
- Warm boots, mittens, hat, down parka, warm-up pants
- Alarm clock and personal items
- Flashlight
- Tape for baggage (and twine)
- Family Education Program album (see next page)
- Articles, pictures and pages for parents and teachers
- Brochures (Grant program and ATC)
- Spiral notebook or paper
- Records and movies
- Visual aids
- Lecture notes
- Toys for children's activities
- Materials for home visit
- Reread file - pertinent information
- Candy bars
- Matches, Aspirin
- Check book
- Names of contacts

Personal Items:
- Stationery, address book, stamps, pen and pencil
- Make-up, rollers, shampoo, comb, brush, mirror and spray
- Hand lotion, cream, etc.
- Toothbrush and toothpaste
- Towel, wash cloth and soap
- Pajamas or sleeping outfit and sleeping bag
- Underwear - regular and longjohns
- Wool socks, shoes and boots
- Slacks and tops
- Down parka, mukluks and warm-up pants
- Hat, scarf, gloves and extras
- Camera, film and flash blubs, sun glasses

Food Items: carckers, sandwich spread, juices, fresh fruit, canned peaches, canned beans

V. Picture Album

The picture album should be sturdy with plastic covered pages. The kind of pages are not divided into sections is preferred. Put no more than two or three pictures on each page.

The purpose of the album is to help parents coming into the program know what to expect while in Anchorage.

In the album include the following pictures:

1. Demonstration Home - each room
   yard
   families and teachers at work

2. People who will be working with the family:
   Teacher
   Audiologist and a child being tested with earphones on
   Director and Assistant Director of Grant
   Secretary
   Aides
   Teachers of classes that will be visited
   Public health nurse or nutritionist

3. Places they will visit: Alaska Treatment Center
   Alaska Native Medical Center
   Public schools and classrooms
   Grocery Store
   Drug Store
   Laundromat
   Post cards - views of Anchorage and airports

VI. First Home Visit Schedule (Before coming to Anchorage)

1. Informal talk
   What has mother done so <u>far</u>? Observe her with the child.
   What material does she have? How much does she know?
   What kind of toy does the child play with, etc.?

2. Explain about the program. Demonstration Home, other parents, schedule, arrival, meals.

3. What to bring.

4. Fill out home visit form. (teacher)

5. Demonstration time: Give mother articles on deafness, find out what she wants help with.

6. Evaluation form (notes) and Home Visit Report.
   (cc: to all agency professionals involved with child).

VII Second Home Visit

1. Problems that have arisen.
2. What has worked, what has not and why?
3. Difference in child and home since before week in Anchorage.
4. New information for her to read.
5. Observe mother working with the child and give suggestions. (Video tape)
6. Evaluation form (notes) and Home Visit Report. (cc: to all agency professionals involved with child.)

Home Visit Evaluation by teacher

A. Physical Environment

1. Who lives in the home?
2. Describe home.
3. What does child play with?

B. Family Interaction

1. How did child react to teacher?
2. Parents' reaction during visit - warmth, genuineness.
3. Give examples of interaction between:
   a. mother and child
   b. father and child
   c. siblings and child
   d. others and child
   e. parents

C. Child's development

1. Motor development.
2. What development problems is family concerned about?
3. How does child react to frustration?
4. Other children to play with?
5. How does child communicate?
6. What speech?
7. What sounds is child aware of?
8. Describe hearing aid: condition
   use - which ear, what volume, how much worn
   problems

D. Treatment

1. Medical
2. Educational

E. Parents knowledge concerning hearing impairment.

1. Hearing loss
2. Language development
3. Education
4. What information needed?
5. Acceptance of child's loss and awareness of child's needs.

F. What problems are parents most concerned with?

G. Other reactions during visit.

H. Summary:

S A M P L E

_____
(Date)

FAMILY EDUCATION PROGRAM

HOME VISIT REPORT

NAME OF CHILD: _____
DATE OF BIRTH: _____
REFERRING PHYSICIAN: _____
DATE OF HOME VISIT: _____

(Summary)

(Home Situation).

(Progress of Child).

(Concerns).

(Schooling).

(Recommendations).

Home Visit Evaluation by Parent

Please answer the following questions to help us evaluate our home visit program.

1. Did you find the home visit helpful? _____
   Why or why not?

2. What new ideas or information did you gain during the home visit?

3. How could we change the home visit to be of more help to you?

4. How many home visits would you like the teacher to make each year? _____

   How many hours would you like each home visit to last? _____

5. Was video taping done on the home visit? _____

   What are your feelings about the use of video taping?

6. What questions do you have now, after the home visit?

FAMILY EDUCATION AIDE PROGRAM

FAMILY EDUCATION AIDE PROGRAM

In rural settings the family has several alternatives after discovering their child is deaf, including the following:

1. To move to a city having special classes for the deaf.

2. To send the child to live in a foster home or residential setting while attending classes for the deaf, 10 months of the year.

3. To continue to live in home community and encourage teachers to seek special training and supplementary services and materials.

Depending on the degree of the hearing loss and other influencing factors, a decision is made.

For those families that do not move to the city and receive direct service through a program for the deaf, support can be continued through home visits, correspondence, teacher training and a Family Education Aide Program.

The purpose of the Family Education Aide Program is to provide regular (weekly) contacts with parents stimulating home activities for language development and to provide feedback to the Family Education Program staff.

The Family Education Aide should be able to read and write and should be recommended by individuals in the community as a dependable person who likes children and could work well with the family having the deaf child.

The Family Education Aide should receive at least one week of intensive training before the onset of the program. His training should include both observation and participation in family education activities. He should be entirely familiar with his responsibilities.

FAMILY EDUCATION PROGRAM

FAMILY EDUCATION AIDE PILOT PROGRAM

Time Required: _____ hours per week

Salary: $_____ _____ per month

RESPONSIBILITIES:

Special training sessions to learn about the needs of a deaf child and care for a hearing aid.

Taking care of video equipment.

Receiving activity and/or video tapes each week.

Preparing materials for parent meeting.

Meeting with parents (one 1 hr. home visit each week).

Viewing video tape lessons with the family.

Interpreting activity purpose to family.

Filling out report.

Returning report form and/or video tapes each week.

Reporting needs of family.

_____
(Signature of Aide)

_____
(date)

_____
Family Education Coordinator

Date _____

Early Education Program For
Preschool Hearing Impaired Children
c/o Alaska Treatment Center, Inc.
3710 East 20th Avenue
Anchorage, Alaska 99504

I HEREBY ACKNOWLEDGE receipt of the following listed equipment:

_____ (Description of Type or Make)

_____ (Serial and/or Model Number)

This equipment will be stored or kept at:

_____ (Location)

_____
(Signature)

_____
(Address)

S A M P L E
PRESCRIBED HOME ACTIVITY

FAMILY EDUCATION PROGRAM FOR PRESCHOOL HEARING IMPAIRED

Home Activity 25

Activity: Numbered Lid Game

Purpose: To practice counting and recognizing numbers

Materials: 10 jar lids (which were painted in last week's activity), crayons

Words: one

two

three

four

five

six

seven

eight

nine

ten

turn

over

Other Words Used:

Preparation: Get materials together. Write one number (1-10) on the inside of each jar lid (on the inside that was painted last week).

Home Visit: Explain the purpose and the activity to the parents.

Do Activity:	Suggested Language:
Show the children the numbers printed in the jar lids. Count (say and sign) the numbers together	"1, 2, 3, 4, 5, 6, 7, 8, 9, 10"
Turn the lids so the numbers are facing down and mix them up.	"Turn over one. Turn over two. Turn over three. Turn over four. Turn over five, etc."
One child turns over one lid and says the number written on the lid.	"7"
If it was not number 1, he turns that lid back over and someone else gets a chance to find number 1 by turning over another lid.	"7 is not 1. Turn number 7 down. Who can find number 1?" "Your turn, Mary Lucy."
If it was number 1, it is left face up and another person turns over a lid in hopes of finding number 2. If it is not the right number, the lid is turned back down and someone else gets a chance until all ten lids have been turned up in correct order.	"1"
	"1. Billy found 1. Who can find 2?" etc.
Turn the lids over, mix them up, and start the game over again.	"Turn over lids. Mix the lids. Who can find number 1?"

Other Possibilities:

Turn lids so that the numbers are showing.	"1"
Have a child put them in order. Then the child puts 1 pencil in lid number 1. 2 erasers in lid number 2, 3 rocks in lid number 3. etc.	"1, 2." "1, 2, 3." etc.

Discuss Activity:

Does Esther recognize more numbers? Yes

Can she count the right number of things into the right lid? Yes

Prescribed Activity Form (Sample)

FAMILY EDUCATION PROGRAM FOR PRESCHOOL HEARING IMPAIRED

Home Activity ____

Activity: _____

Purpose: _____

Materials: _____

Words: _____ Other Words Used: _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Preparation: _____

_____

Home Visit: _____

_____

Do Activity:

Suggested Language:

Other Possibilities:

Discuss Activity:

FAMILY EDUCATION PROGRAM

HOME ACTIVITY EVALUATION

Family_____ Date_____

Family Aide_____

Activity_____

Who helped with activity?

- ☐ Father
- ☐ Mother
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ brothers and/or sisters
- ☐ neighbors and/or relatives

who?_____

Activity: What was good about it?_____

What problems occurred?_____

Words:

- ☐ Did the family use any new words this week?
- ☐ Did _____ try any new words?
- ☐ Does _____ know and use any new words?

What new words?_____

Hearing Aid:

- ☐ Worn at home.
- ☐ Worn at school.
- ☐ In working condition.
- ☐ Problems: What Problems?_____

_____

Do you have any questions or comments?_____

_____

FAMILY AIDE EVALUATION

BY PARENTS

Please fill out by yourself. DON'T have the Family Aide help you.

1. Visits by _____ were _____.

___ very helpful.
___ somewhat helpful.
___ not helpful.

2. How often did _____ come to do a family activity with you?

___ once every week.
___ once every 2 weeks.
___ once every 3 weeks.
___ once every 4 weeks.

3. Did _____ show you some video tapes?

___ Yes
___ No

4. The video tpaes were _____.

___ very helpful
___ somewhat helpful
___ not helpful

5. How could we be more helpful?

_____

_____

_____

Please return in the stamped, self-addressed envelope.

ATC-R
CCE 42772-03

FAMILY AIDE EVALUATION

BY FAMILY AIDE

Please fill out this form completely, so we will know how to improve the Family Education Program.

1. How many hours each week did you spend as a "Family Aide"? _____

2. What problems did you have as a "Family Aide"?

- ☐ getting the family together?
- ☐ understanding the activity?
- ☐ explaining the activity to the parents ?
- ☐ getting the parents to do the activity?
- ☐ getting the children to do the activity?
- ☐ filling out the weekly forms?
- ☐ more training needed?
- ☐ other problems - Explain _____

_____

_____

3. Did you have any problems with the video tapes or equipment?

- ☐ Yes
- ☐ No

Explain _____

_____

_____

4. Do you feel the activities have helped the children?

- ☐ Yes
- ☐ No

Explain _____

_____

_____

5. How could we improve our service to the family?

_____

_____

ATC-R
CCE 42772-02

MEDIA PRODUCTION

M E D I A

In providing services to rural families where distance makes frequent contacts with professionals impossible, the use of media is essential. The following are samples of materials developed by the Early Education Grant project at the Alaska Treatment Center for use with rural families.

Idea Sheets for Language and Speech Development

Over 100 ideas for helping a hearing impaired child develop language are simply illustrated for clear understanding by those with a limited understanding of the English language. (See samples).

Give Him the Word

An informative booklet on normal language development and possible deviations, attempts to make communities aware of the importance of early identification.

Total Communication Video Tape Series

Twenty-seven, 20 minute video tape lessons in the use of sign language and fingerspelling, together with oral speech. 335 words which are included in Hand Book of Total Communication are introduced (10 to 15 words in each lesson). A series of lesson plans listing new vocabulary and practice sentences accompanies the video tapes.

Hand Book of Total Communication

A Beginning Vocabulary Reference for Deaf Children and Their Families has been designed to accompany the Total Communication Series of video tapes. This 350 page book represents each word on an individual page with an illustration of the concept, an illustration of the hand signal, and a manuscript presentation of the word. (See samples).

SAMPLE

from

IDEA SHEETS

Prepared for;

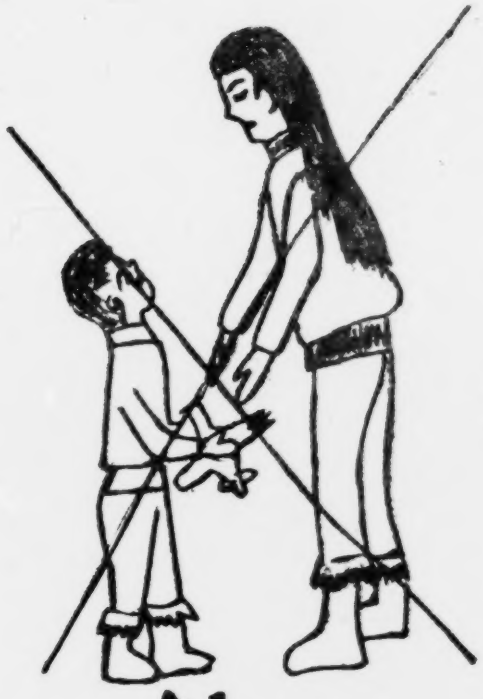
Early Childhood Education Project (P.L. 91-230)
The Bureau of Education for the Handicapped USOE
Grant No. OEG-0-9-110305-4701 (6A)

Alaska Treatment Center for Crippled Children and Adults, Inc.
3710 East 20th Avenue
Anchorage, Alaska 99504

-1972-

LIPREADING

Stoop down to the child's level.



No

Yes!

LIPREADING

Some words look alike

Beware of words which look alike on the lips

If your child seems confused about what you are saying, watch yourself in the mirror as you say the word.

Don't use your voice. Does it look like another word he might know?

bye bye
baby
mama

man
bat
mad
pat

boot
moon

green
red

meet
mean

LIPREADING

When talking to a lipreader

DON'T
chew gum while
you talk.

DON'T
smoke when
you talk.

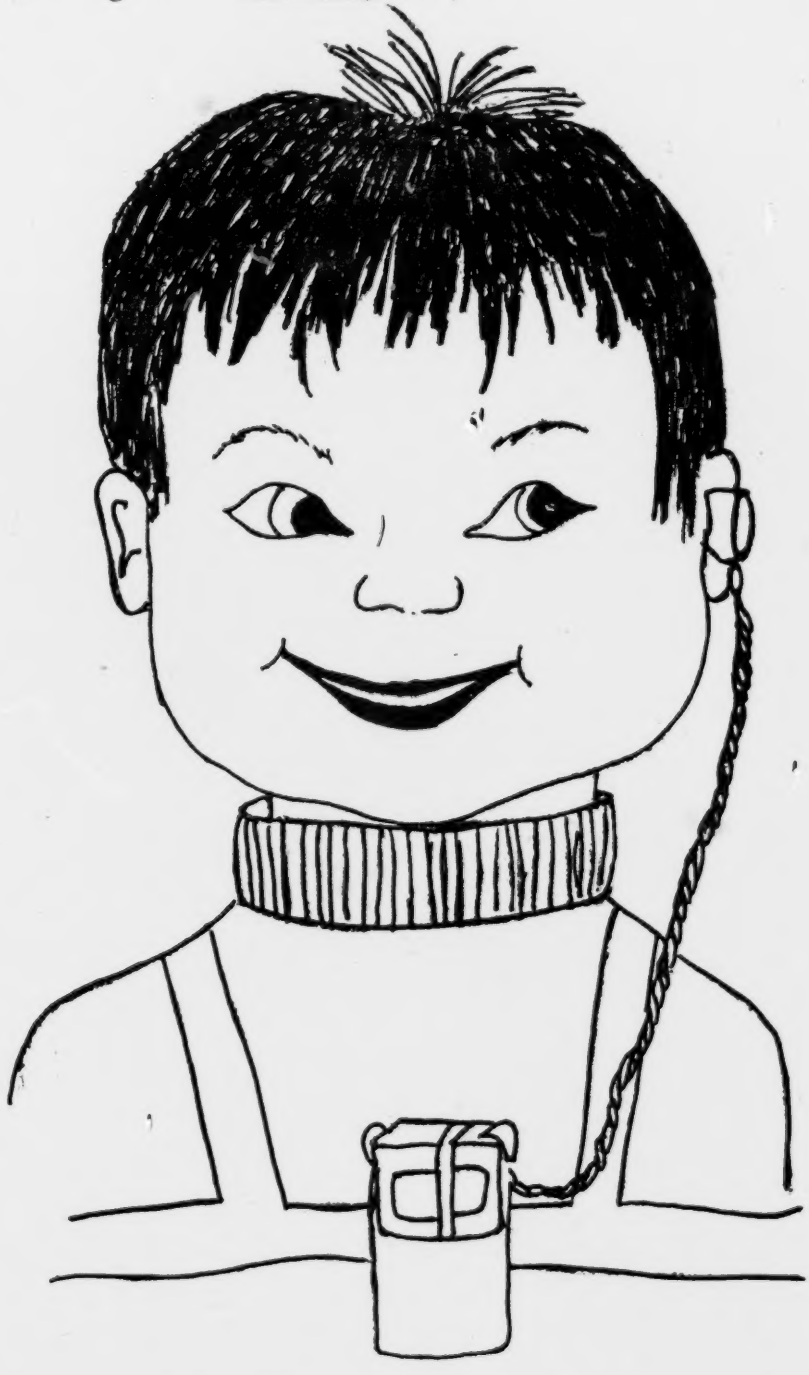
DO
TRIM THAT BEARD
AND MUSTACHE.

DON'T
grin while
you talk.

HEARING AID

It is your responsibility that he wear his hearing aid.

Is he wearing it everydoy?



He needs it!

HEARING

Teach him to listen.

OUTSIDE SOUNDS

Airplanes
Motors
Generators
Horns, bells, sirens
Wood being chopped
Snowmobile
Guns
Road equipment
Cars and trucks
Train
Boat motors
Dogs barking
Hammering
Birds

SPEECH

"OO"

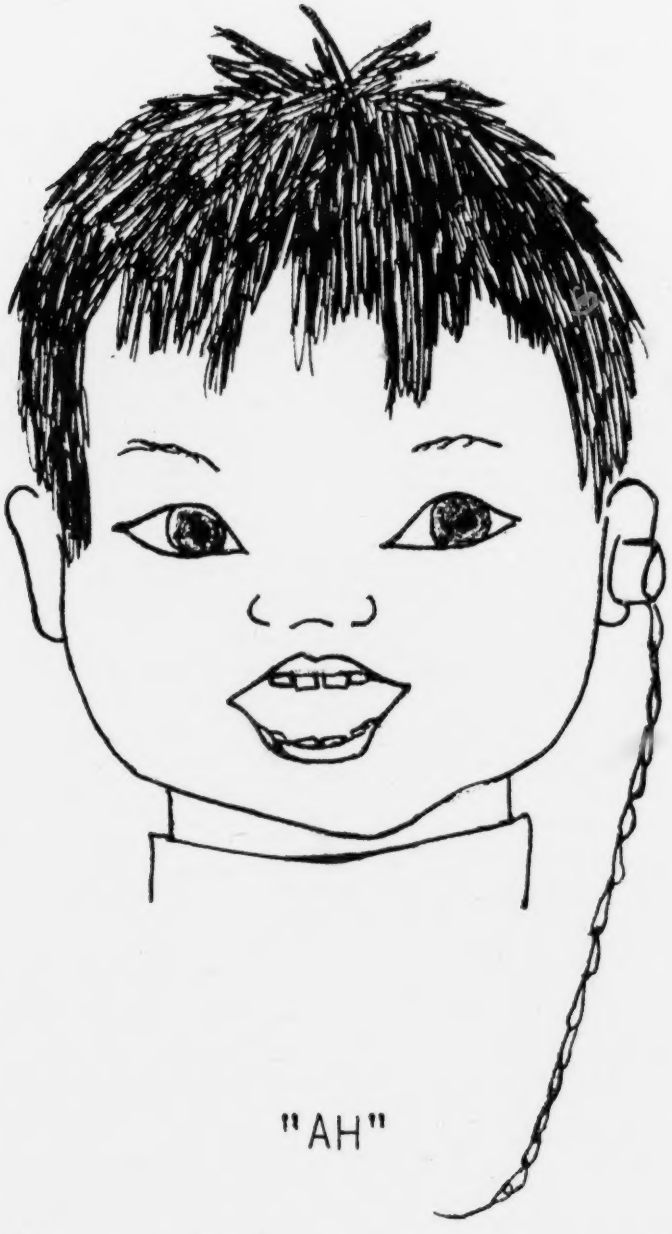
As in moo, shoe, two, you, blue,
moon, who, spoon, movie, and juice.

SPEECH

"PPP", "BBB", or "MMM"

As in baby, Mama, boy, man, bad, map, people, boat, purple, and cup.

SPEECH



"AH"

As in Mama, hot, stop, on, top, not, fox, pop, doctor, and box.

SPEECH

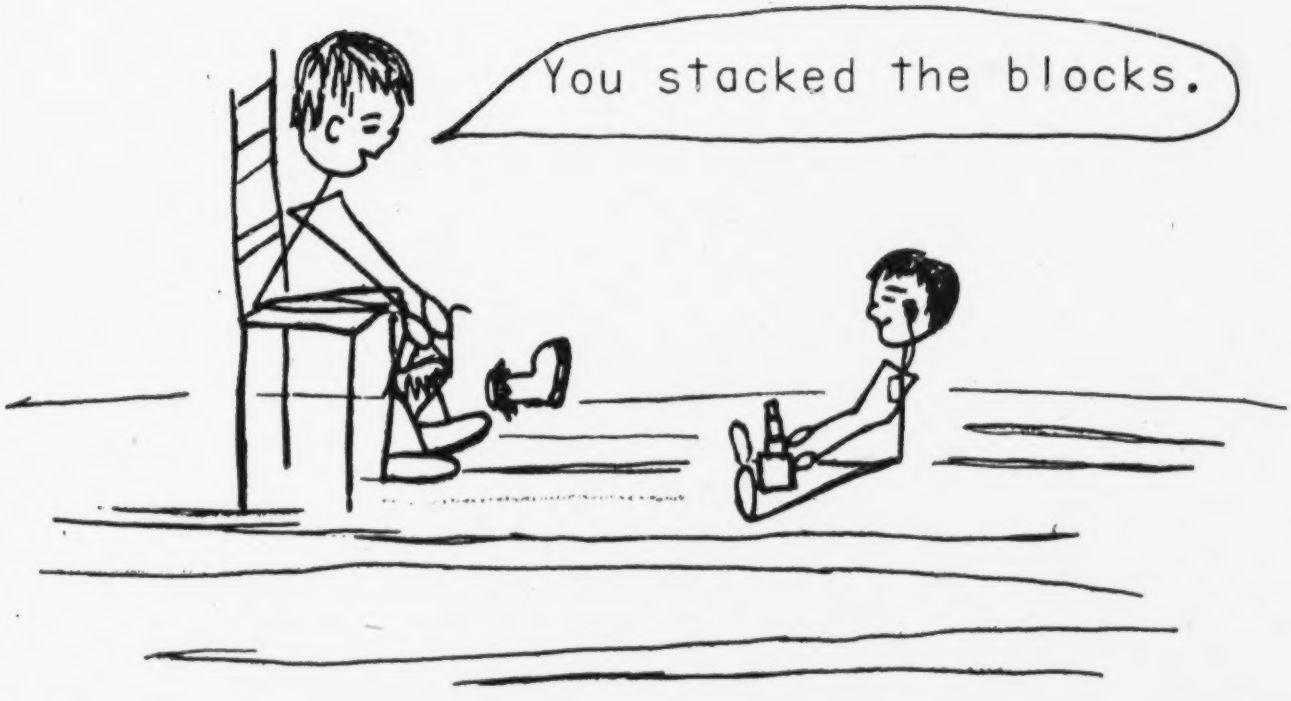
"???"

That's right, this is one of the many speech sounds <u>not</u> easy to see on the lips.

LANGUAGE

Every Time He Looks at You, Talk!

Objective: To help him become a better "listener."
To teach him to watch your face.
To help him <u>want</u> to talk with you.
To show him you are interested in what he is doing.

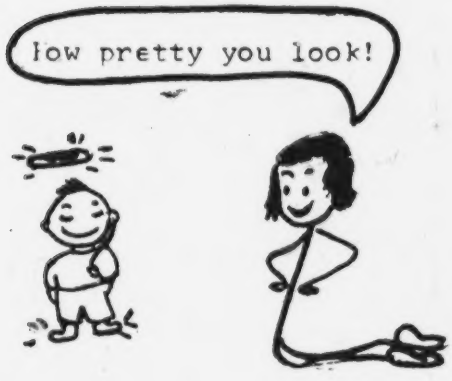


Times to Bring in Language Throughout the Day

CHILD'S DAY

Putting hearing aid on, getting dressed Changing diapers, combing hair

Tie shoe



Self respect

Accidents

Snack time

Child's Day 2

Time with special animals and toys. Don't let him play alone all of the time, bring in language.

Daddy is coming home------

MOTHER'S DAY

Getting dressed
Make beds or change linen

Meals, baking, making jello

Getting dressed
Setting and cleaning
table
Wash, rinse, dry and
put away dishes

Shopping,
putting groceries away

Sorting laundry, wash, dry, fold and
put away

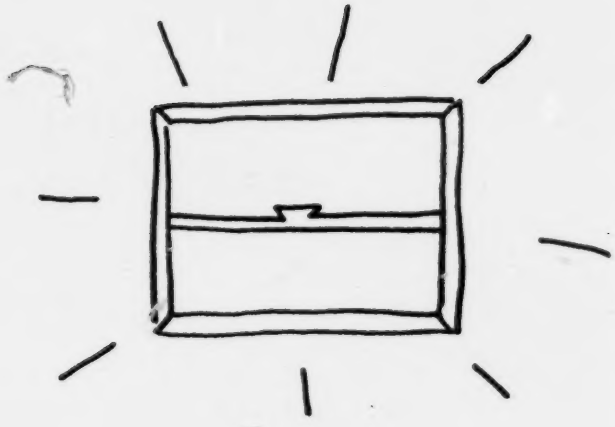
Ride in the car.

Mother's Day continued
CLEAN HOUSE

Broom

Dust Pan

Mop


Clean Windows

Vacuum Cleaner

Duster

Pick up

Mother's Day continued

cleaning fish and game
tanning skins

Preserving and Canning

FATHER'S DAY

Breakfast
Leaving for work
Coming home from work
Reading

FATHER'S DAY 2

Reading

"Relaxing"

Washing car

Mowing lawn

Chopping wood

Snow machine ride

SAMPLE

from

TOTAL COMMUNICATION HAND BOOK
&
LESSONS

Prepared for;

Early Childhood Education Project (P.L. 91-230)
The Bureau of Education for the Handicapped USOE
Grant No. OEG -0-9-110305-4701 (6A)

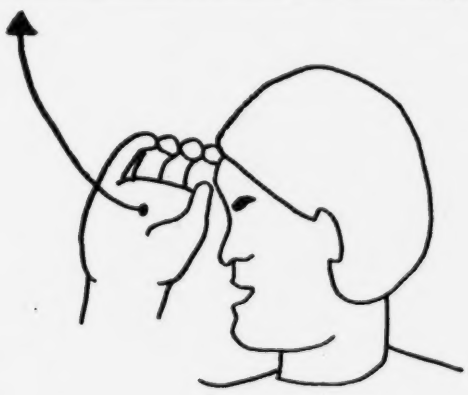
Alaska Treatment Center for Crippled Children and Adults, Inc.
3710 East 20th Avenue
Anchorage, Alaska 99504

-1972-

careful

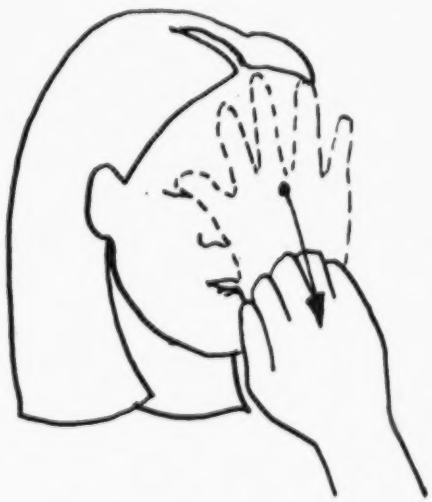
eat

hear



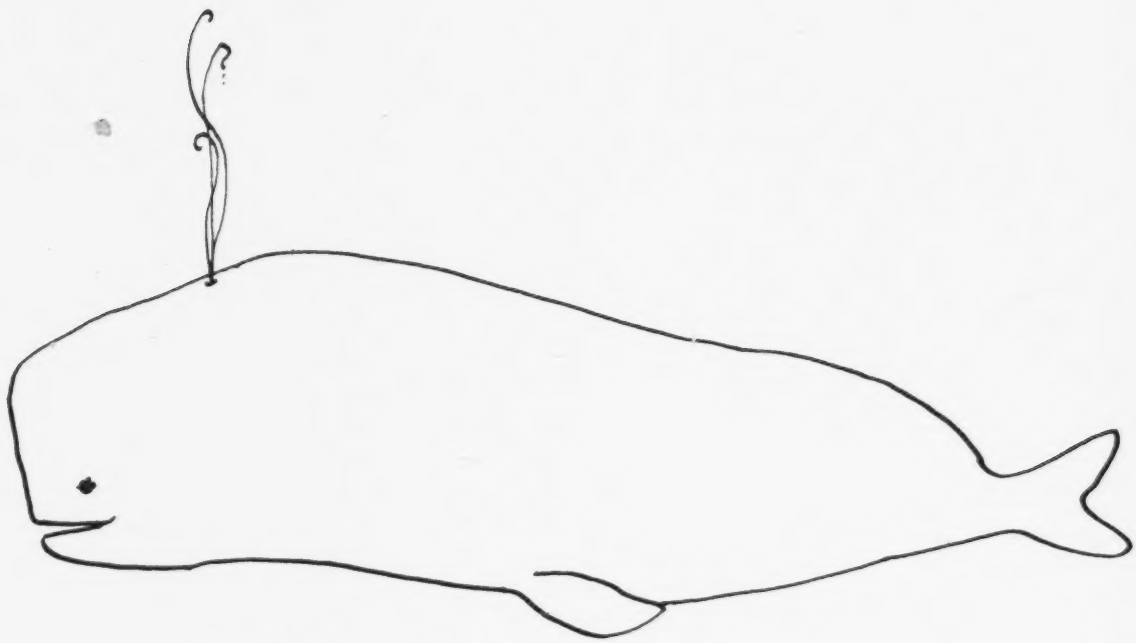
man

ride



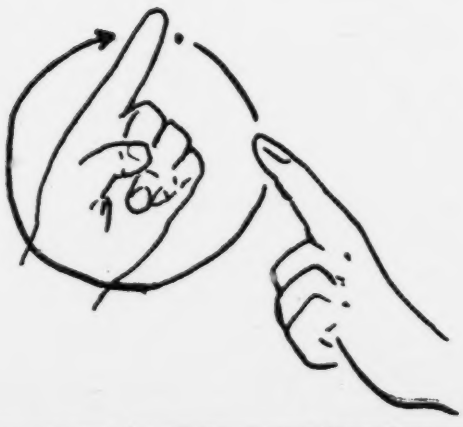
sleep

thank-you

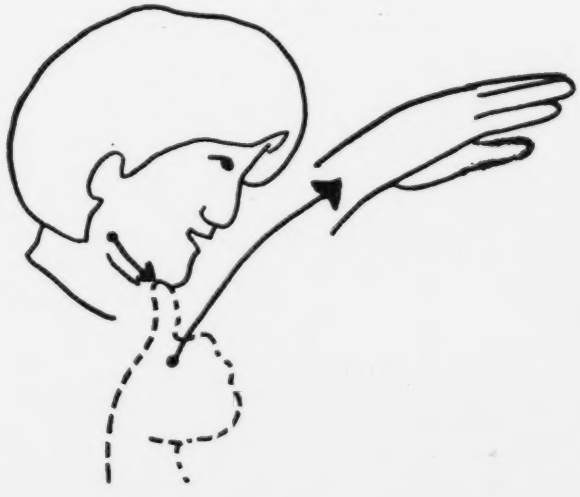


whale

June
S M T W Th F S
1 2 3 4
5 6 7 8 9 10 11
12 13 14 15 16 17 18
19 20 21 22 23 24 25
26 27 28 29 30



when



woman

TOTAL COMMUNICATION LESSON NO. 9.

Signs are shown for the following words:

hurt	hair
sick	arm
nurse	leg
doctor	hand
face	foot
eye	teacher
nose	book
mouth	read
ear	preacher
	priest

After viewing the lesson, the picture sheets in the "Hand Book" will help as a reminder for practicing the signs.

Practice the following: (Sentences and/or phrases).

I hurt my ear.

The teacher read my book.

The preacher is at the church.

The priest walks to the store.

The doctor and nurse are sick.

Where is your brown book.

I have black hair.

My face is cold.

The doctor wants more coffee.

This lesson is to accompany "Total Communication video tape series available through -

Alaska Treatment Center
Early Education Asst.
Grant
3710 E. 20th Ave.
Anchorage, Alaska 99504

Please answer and mail back with the video tape.

TOTAL COMMUNICATION SERIES

Lesson_____

Date video tape was shown_____

Number of times it was watched_____

Number of people who watched_____

Who watched the video tape?

- ☐ Family aide
- ☐ Father
- ☐ Mother
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ Brothers and/or sisters
- ☐ Neighbors and/or relatives
- ☐ Who?_____ _____

_____ _____

Lesson:

- ☐ Understood how to make the new signs
- ☐ Practiced the sentences
- ☐ Video tape was broken
- ☐ Video tape quality was poor
  - ☐ hard to hear
  - ☐ hard to see
    describe the problem_____

    _____

    _____
- ☐ Any other problems
  describe the problem_____

  _____

  _____

EVALUATION OF "TOTAL COMMUNICATION" VIDEO TAPE SERIES

_____
(Date)

Please complete the questions and return to:

Early Education Grant Office
Alaska Treatment Center
3710 East 20th Avenue
Anchorage, Alaska 99504.

1. The "Total Communication" video tape lessons were -
   - Very Helpful ☐
   - Quite Helpful ☐
   - A Little Helpful ☐
   - Of No Help ☐

2. The "Hand Book" Reference Manual was -
   - Very Helpful ☐
   - Quite Helpful ☐
   - A Little Helpful ☐
   - Of No Help ☐

3. The printed Lessons listing the new words and practice sentences were -
   - Very Helpful ☐
   - Quite Helpful ☐
   - A Little Helpful ☐
   - Of No Help ☐

4. What was good about the "Total Communication" Video Tape Series?

   _____

5. What did you not like about the "Total Communication" Video Tape Series?

   _____

6. How could it be improved?

   _____

7. Comments:

   _____

   _____

   _____

   _____

COMMUNITY RESOURCE

COMMUNITY RESOURCES

An important service of the Family Education Program is to act as a resource for problems or questions arising in the community regarding learing loss. The staff should be available to discuss and meet with interested individuals and promote community education on the subject of hearing impairment.

When traveling in rural areas, the staff should provide educational programs in the evenings for the people in the community so that they become more aware of the implications of hearing loss. They should also seek out all health and educational professionals in the community to emphasize to them the importance of early identification.

In any community, there are children and adults who should be, but are not, receiving special educational services. These should be referred to the proper agency. Coordination of services and continued follow-up of all hearing impaired children and their families should be maintained.

TEACHER TRAINING

TEACHER TRAINING

The following methods of providing the regular teacher in the rural areas with assistance with the hearing impaired child have been utilized in the Family Education Program.

a) On-site teaching demonstration.
   (class or tutoring setting)
b) Peer training - teacher observes.
c) Education aide training.
d) Articles and reference materials.
e) Inservice meetings.
f) Correspondence course.
g) Video tape demonstrations.
h) Video tape lessons.

COURSE EVALUATION

Methods and Materials in Education of the Hearing Impaired

Semester_____

Instructor_____

Please complete this evaluation and return it with your FINAL.

1. Were the materials in the course relevant to your purposes?

2. How would judge the amount of reading?

3. Was the course what you expected?

4. Please evaluate the materials used in the course as to their value:

Value Scale

Low 1 2 3 4 5 High

1 2 3 4 5 Materials
1 2 3 4 5 Written Lessons by Instructor
1 2 3 4 5 Idea Sheets
1 2 3 4 5 Give Him the Word
1 2 3 4 5 Supplemental Curriculum - Keller
1 2 3 4 5 Child Evaluation Forms
1 2 3 4 5 Family Evaluation Forms
1 2 3 4 5 Outline of Material - Davis
1 2 3 4 5 Readings
1 2 3 4 5 Reference Books

*Filmstrips & Records:

1 2 3 4 5 How We Hear
1 2 3 4 5 Sights & Sounds
1 2 3 4 5 Ear Care

*Record:

1 2 3 4 5 How They Hear

*Audio Tapes:

1 2 3 4 5 Cognition
1 2 3 4 5 Speech
1 2 3 4 5 Dr. Vernon

*Video Tapes:

1 2 3 4 5 Preschool Deaf Class
1 2 3 4 5 Lesson in Total Communication

*Films

1 2 3 4 5 Everything But Hear
1 2 3 4 5 Silent World - Muffled World

University of Alaska

COLLEGE, ALASKA

STUDENT OPINION OF TEACHING AND COURSE

DEPARTMENT_____ INSTRUCTOR_____

COMPLETE CATALOG COURSE NO. (Abbreviation & Number--e.g., ANTH312)_____ SECTION_____

Each of the items below deals with a characteristic of instructors or courses which students feel to be important. Indicate your response to each question by circling the appropriate number in the scale provided. The descriptive phrases supplied for each question give the values of the first and last numbers. Notice that there is no completely middle ground. If you don't feel strongly about a characteristic, use either 3 or 4 to indicate which way you tend to lean.

EXAMPLE:

How stimulating is winter? VERY BORING 1 2 3 4 5 6 VERY STIMULATING

In the above example you would circle:
1-if you feel it is very boring
2-if you feel it is generally boring
3-if you feel it is slightly boring
4-if you feel it is slightly stimulating
5-if you feel it is generally stimulating
6-if you feel it is very stimulating

PART I. CHARACTERISTICS OF THE TEACHER AND THE TEACHING

1.	Is he helpful when students have difficulty?	NOT HELPFUL	1 2 3 4 5 6	ACTIVELY HELPFUL
2.	Does he appear sensitive to students' feelings and problems?	UNAWARE	1 2 3 4 5 6	RESPONSIVE
3.	Is he flexible?	RIGID	1 2 3 4 5 6	FLEXIBLE
4.	Does he make students feel free to ask questions, disagree, express their ideas, etc?	INTOLERANT	1 2 3 4 5 6	ENCOURAGES STUDENT IDEAS
5.	Is he fair and impartial in his dealings with the students?	UNFAIR	1 2 3 4 5 6	FAIR
6.	Is his speech adequate for teaching?	UNINTELLIGIBLE	1 2 3 4 5 6	GOOD
7.	Does he belittle students?	BELITTLES	1 2 3 4 5 6	RESPECTS
8.	Does he tell students when they have done particularly well?	NEVER	1 2 3 4 5 6	ALWAYS
9.	Does he dwell upon the obvious?	DWELLS ON OBVIOUS	1 2 3 4 5 6	INTRODUCES INTERESTING IDEAS
10.	Is he interested in the subject?	SEEMS UNINTERESTED	1 2 3 4 5 6	SEEMS INTERESTED
11.	Does he use enough examples or illustrations to clarify the material?	NONE	1 2 3 4 5 6	MANY
12.	Does he present material in a well-organized fashion?	DISORGANIZED	1 2 3 4 5 6	WELL-ORGANIZED
13.	Does he follow an outline?	NOT AT ALL	1 2 3 4 5 6	VERY CLOSELY
14.	Does he stimulate thinking?	DULL	1 2 3 4 5 6	STIMULATING
15.	Does he put his material across in an interesting way?	DULL	1 2 3 4 5 6	VERY INTERESTING
16.	Considering everything, how would you rate this teacher?	VERY POOR	1 2 3 4 5 6	EXCELLENT

PART II. CHARACTERISTICS OF THE COURSE

1.	Are the objectives of the course clear?	UNCLEAR	1 2 3 4 5 6	CLEAR
2.	Is the amount of work required appropriate for the credit received?	TOO MUCH	1 2 3 4 5 6	TOO LITTLE
3.	Is the assigned reading difficult?	TOO EASY	1 2 3 4 5 6	TOO DIFFICULT
4.	Are the tests fair?	UNFAIR	1 2 3 4 5 6	FAIR
5.	Are the grades assigned fairly?	UNFAIRLY	1 2 3 4 5 6	FAIRLY.
6.	How would you rate the contribution of the textbook to the course?	POOR	1 2 3 4 5 6	EXCELLENT
7.	Considering everything, how would you rate this course?	VERY POOR	1 2 3 4 5 6	EXCELLENT

IF YOU HAVE ANY ADDITIONAL COMMENTS TO MAKE ABOUT THE COURSE OR THE INSTRUCTOR, YOU MAY MAKE THEM HERE OR ON THE BACK OF THIS PAGE.

EVALUATION

EVALUATION

Program objectives are written each year and progress evaluated every three months, with a final evaluation written yearly.

The evaluative measures utilized in the Family Education Program are included in each section.

REFERENCE ARTICLES FOR PARENTS

A LIST OF MATERIALS AVAILABLE AND ON FILE

AUDIOLOGY:

Anatomy of the Human Ear labeled, in color
Zenith Hearing Aid Corporation

The Facts About Nerve Deafness
Maico Hearing Institution

Hearing Loss and the Family Doctor
Aram Glorig, M.D. Zenith Radio Corporation

Pure Tone Audiometry & Maico Audiogram Pad
University of Minnesota Hospitals Audiology Clinic

The ABC's of Otology
Harry L. LeVett, M.D. Hearing News, Jan. 1952

Ear Diagram 1 labeled and 1 unlabeled

Criteria For Hearing Loss Classification with bibliography
South Dakota School for the Deaf

Understanding the Audiogram

AUDITORY TRAINING:

Auditory Training

Auditory Training
Ontario School for the Deaf

Home Projects - Auditory Discrimination

Some More Notes - Auditory Training

HEARING AIDS:

Child's Hearing Aid Harness diagram
U.S. Government Patent No. #2,676,738

Earmold Impression Procedure - Maico

Establishment of Hearing Aid Use: A Program for Parents
Marion P. Downs M.A. University of Colorado School of Medicine

First Aid for Hearing Aid I
Acousticon International

First Aid For Hearing Aid II
Sonotone Corporation Publications

Hearing Aid; Stop, Look and Listen
John Tracy Clinic

Minor Hearing Aid Problems and Their Causes
Zenith Hearing Aid Corporation

Parts of a Hearing Aid and Their Care
Jean Honan October 1968 - Olathe, Kansas

HOME TRAINING:

Advice for Parents of Young Deaf Children; How To Begin
Agnes H. Ling, M.A. Volta Review May 1968

Some Good Phrases to Use With The Young Deaf Child Throughout the Day - Everyday

The Deaf Baby
John Tracy Clinic

Counseling Ideas for Parents and Activities For the Deaf Child (9 mos. - 5 years) ATC

Experience Trips

Hearing Handicapped Children Need Understanding
Joseph Giangreco, Iowa School for the Deaf

If You Have a Deaf Child "Do's and Don'ts"
Illinois Annual School for Mothers of Deaf Children 1949

To Parents of Young Deaf Children: Some Suggestions For Child Management
Sophie French, M.A. East Michigan University; Special Education

Who Says Chores Aren't Fun?
Des Moines, Iowa

INFORMATION:

Bibliography 36 Titles

Communication and the Multihandicapped
Virginia Guldager Perkins School for the Blind

Finger Spelling for the Deaf - or Speech?
Ursula Vils Los Angeles Times

Glossary of Terms Related to the Hearing Impaired
Berglund and Tolzin, ATC

Helping the Hard of Hearing Child at Home
TA-SE-10

How to Teach Your Child to Think: A Conversation With Jean Piaget
Sidney Weinheimer Redbook Magazine

John Tracy Clinic Correspondence Course - Form Letter

List of Material Useful in Training Preschool Deaf Children
With suppliers and prices

Multiple Dilemmas of Parents of Deaf Children
Kathryn P. Meadow, Ph.D.

A Parent's Message
Mr. and Mrs. Hector Aquilar, Oakland, California

Programme for Parents of the Hard-of-Hearing Child
National Society of Deaf and Hard of Hearing, Ontario

Social Considerations In The Care of the Preschool Hearing Handicapped Child
Renate Varwig MSW Des Moines, Iowa

Some Techniques Involved in Teaching One Specific Word
Ontario School for the Deaf

John Tracy Clinic
Information Sheet

Volta Review
Information Sheet

Statements on Deafness
Alexander Graham Bell Association for the Deaf, Incorporated

Alaska's Extension Service Publication List
#010 July 1970

Dressing Children For Cold Weather #83

Is Your Baby Safe At Home? All Around The House #87

Is Your Baby Safe At Home? Poison #69

Is Your Baby Safe At Home? Electricity and Burns #68

Is Your Baby Safe At Home? Falls #67

Advice to Parents and Teachers from Preschoolers
Margaret Connet Regional Headstart Officer

Areas of Development In Children and Accompanying Developmental Tasks
Margaret Connet Regional Headstart Officer

LANGUAGE:

The Big Problem
P. Doctor, Gallaudet College Rehabilitation Record

Speech and Language for Deaf Children
Cora Conklin Minnesota School for the Deaf

Ten Tennets

Vocabulary List
Parent Education Course Concerned with the Hearing Impaired Child - Ohio State University

LIPREADING:

Lipreading "Do's" (old)

Lipreading "Do's" (new)

The Overt Response

How To Obtain Evidence Lipreading

MANUAL COMMUNICATION:

Fingerspelling Practice (story)

A Child Psychiatrist Looks At Deafness
Eugene Midel, M.D. Michael Reese Hospital, Chicago

Cued Speech
American Education November 1967

Enough of Imitations
Louis Fant, Jr. The Deaf American January 1971

The Need For Multiple Communication Skills In The Educative Process of the Deaf
The Rocky Mountain Leader January 1963

Finger Spelling Illustrations; As It Looks to the Person Reading It
Watson

The Combined System, Oralism and the Young Deaf Child
Eugene Mindel, M.D. The Deaf American May 1969

REFERENCE ARTICLES:

Appendix B; Developmental Guidelines (18-72 mos.)
Eleven sources listed

"Dumb" Children
James Ridgeway New Republic August 2, 1969

Home Management-Comparative Preschool Program for Hearing Impaired Children
D. Calvert & S. Baltzer Exceptional Children December, 1967

Psychoeducational Study of Children Born Deaf Following Marternal Rubella in Pregnancy
AMA American Journal of Diseases of Children May 1951

Recent Influences On The Education of the Deaf
Al Larson and Harry J. Bahr

Report on Rubella and Handicapped Children
Donald Calvert Department of HEW May 1969

Typical Behavior Patterns (3 mos.-6 yrs.)
Samuel Kirk

SENSE TRAINING:

Auditory Training
Lipreading Games, Motor Activities, Visual Perception, Art

Play
Vincent C. Irwin U.S. Office of Education (Title III ESEA)
June 1969

Demonstration of Readiness Exercises for Communication Skills

SPEECH:

Northampton Vowel and Consonant Charts
Hearing and Deafness, Silverman, Holt, Rinehart and Winston, Incorporated

TEACHER TRAINING:

"Dere Teecher" The Hearing Impaired Child In Your Class Needs You! (preschool and school age)
J. Berglund

Finding the Hard-of-Hearing Child for Teachers and Nurses

Have You A Pupil With a Hearing Handicap?
Lyle L. Lloyd University of Virginia Speech and Hearing Center

Have You a Hearing Impaired Pupil In the Classroom?
Winifred Northcott, Ph.D. Minnesota State Department of Education

Helping the Hard-of-Hearing Pupil in the Classroom

Is The Hearing Impaired Child In Your Class Learning?
J. Berglund, ATC

Information for Contact Class Teachers

Learning Accomplishment Profile and A Manual for Curriculum and Planning
Ann Sanford Chapel Hill City Schools HCEEAA Preschool Project Developmentally Handicapped

Parents and Teachers Take Notice "Identification"
National Society of Deaf and Hard-of-Hearing Circular #22

Testing Children for Loss of Hearing
School District Publication

Prelingually Deaf Child's Problems

Screening for Communication Problems (infant)
June Miller University of Kansas Medical Center
January 15, 1965

Understanding the Child With a Hearing Loss
University of Virginia Speech and Hearing Center

Idea Sheet for Language Development
Alaska Treatment Center Early Education Project

Give Him The Word
M. Bowles Alaska Treatment Center Early Education Project

VIDEO TAPES:

Total Communications Series (27-20 min. tapes)
Alaska Treatment Center Early Education Project

"Small Talk" Language Development Series (20-10 min. tapes)
Alaska Treatment Center Early Education Project

FILM STRIP:

Ear Care for Alaskan Children
Alaska Treatment Center Early Education Project.